



National Association of Nurse Practitioners in Women's Health White Paper: The Essential Role of Women's Health Nurse Practitioners

The role and competencies of the women's health nurse practitioner (WHNP) are well defined, yet some confusion and misconceptions persist. This white paper provides details and clarification on the unique aspects of WHNP education, competencies, certification and continuing education (CE) requirements, roles on the healthcare team, and some specialized areas of practice for which WHNPs are distinctly prepared. It also describes strategies to address challenges and to ensure a robust future for the role of the WHNP. The audience for this paper includes, but is not limited to, prospective and current WHNP students, practicing WHNPs, other members of the healthcare team, schools of nursing and nurse practitioner (NP) faculty, employers, and consumers of women's healthcare services. The National Association of Nurse Practitioners in Women's Health (NPWH) is committed to supporting and promoting the unique and vital WHNP role to all stakeholders in women's health.

Background

To understand the similarities and differences among WHNPs and other NPs, it is helpful to understand where the WHNP fits within the context of advanced practice registered nursing and the NP role.

What is an advanced practice registered nurse?

An advanced practice registered nurse (APRN) is a registered nurse who has completed an accredited graduate-level education program as preparation for one of four recognized APRN roles: certified nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, or clinical nurse specialist. APRN education, certification, and practice focuses on the direct care of patients. The term "patient" refers to the recipient of a healthcare service or intervention at the individual, family, community, and aggregate/population level. The APRN may also provide indirect care, but the defining factor for all APRNs is the significant component of education and practice that focuses on direct care.¹

APRNs are licensed practitioners who practice within standards established or recognized by a licensing body and state laws. They work as members of the healthcare team to provide direct health services to patients and collaborate with, or refer patients to, other healthcare providers as needed. The service or care provided by APRNs is not defined or limited by setting but rather by patient care needs.²

What defines an NP?

As an APRN with graduate or postgraduate level education and national certification, an NP is prepared in at least one of six population focuses (family/individual across the lifespan, adult/gerontology, neonatal, pediatrics, women's health, psychiatric-mental health) to autonomously provide comprehensive care along the wellness–illness continuum in a range of settings. The NP is prepared to diagnose and treat patients with undifferentiated symptoms as

well as patients with established diagnoses. NPs provide care that includes health promotion and disease prevention, and the diagnosis and management of acute and chronic conditions. NPs collaborate with other healthcare providers for the provision of coordinated, high-quality, cost-effective, client-centered care.²⁻⁴ NPs are licensed healthcare providers who function within the scope of practice rules and regulations established by and pursuant to the nurse practice act in the states in which they are licensed and work. The education, certification, and practice of the WHNP is congruent with the NP role and the focus on the women's health population.

Unique role of the WHNP

WHNPs provide holistic, client-centered care for women from puberty through the adult lifespan. They focus on common and complex gynecologic, sexual, obstetric, and reproductive health; menopause transition; and postmenopause care, and address women's common nongynecologic primary health needs. WHNPs also provide sexual and reproductive healthcare for men. The care that WHNPs provide within their role and competencies is inclusive of all gender identities and all sexual orientations.⁵

The care provided by the WHNP is not setting specific. WHNPs provide care in settings as diverse as, but not limited to, private practice offices, community health centers, health departments, hospital-based care centers, family planning clinics, fertility centers, rural health clinics, military facilities, Veterans Affairs centers, academic medical centers, schools and colleges, correctional facilities, antepartum testing/fetal evaluation centers, inpatient hospital settings, HIV clinics, clients' homes, and through telehealth.⁶

WHNPs provide care both independently and collaboratively as members of the healthcare team. WHNPs provide consultation to other healthcare professionals concerning the effects nongynecologic health conditions and their treatment can have on reproductive and sexual health. As well, WHNPs provide leadership to improve women's healthcare and health outcomes in practice settings, healthcare systems, and communities.

WHNPs have a strong educational foundation for practice in a variety of concentrated areas within their population focus. A concentrated area of practice focuses on a more distinct patient population and/or on distinct, more complex healthcare needs. Common concentrated areas of practice for the WHNP include, but are not limited to, breast health/oncology, gynecologic oncology, maternal-fetal medicine, reproductive endocrinology/infertility, sexual health, and urogynecology/pelvic floor health.

WHNPs have a strong educational foundation to pursue specialty designations to enhance practice. A specialty is a unique focus of practice that may be added to the role and population focus. Preparation in a specialty area of practice must build on role and population-focused competencies.² Additional knowledge, skills, and abilities to meet required competencies for a specialty may be achieved through a variety of mechanisms including additional education, mentored practice, and defined preceptorships. Common specialty areas of practice for WHNPs include, but are not limited to, forensic/sexual assault nurse examiner, colposcopist, diagnostic medical sonographer, and genetics advanced clinical nurse. WHNPs working in specialty areas are encouraged to pursue certification in these areas when available.

Education for the WHNP role

NP educational programs across all six population focuses are based in nationally accredited schools of nursing and incorporate core graduate nursing, APRN, and NP role curriculum content. All accredited programs are organized using national standards and guidelines. Among the groups providing these standards and guidelines are accreditation bodies recognized by the US Department of Education for schools of nursing, American Association of Colleges of

Nursing (AACN), and the National Organization of Nurse Practitioner Faculties (NONPF).

The National Task Force on Quality Nurse Practitioner Education *Criteria for Evaluation of Nurse Practitioner Programs*, combined with accreditation standards for graduate programs in advanced practice nursing, provide a basis for evaluating all NP programs.⁷ As two distinct but related criteria, the curriculum must be congruent with national standards for graduate-level APRN education and consistent with nationally recognized core NP role and population-focused educational standards and competencies.⁷ NONPF provides curriculum guidelines to prepare the graduate with core NP role competencies.⁸ The *Women's Health Nurse Practitioner: Guidelines for Practice and Education* (8th edition) provides curriculum guidelines to prepare the graduate with WHNP population-focused competencies.⁵ These guidelines have evolved to support the transformation of education, practice, and leadership for WHNPs as full partners within a complex and ever-changing healthcare environment.

The curriculum to prepare graduates with WHNP population-focused competencies integrates and builds on the graduate nursing, APRN, and NP core curricula. The WHNP program curriculum extends the depth and breadth of knowledge and skills necessary to provide primary care that meets the distinct needs of women from puberty through the adult lifespan.

WHNP national certification

NP programs prepare graduates to meet educational eligibility requirements to sit for a national certification examination that corresponds with the role and population focus of the NP program. National certification provides evidence to clients, the community, and healthcare providers that the NP has the entry-level practice knowledge needed to perform the duties of the role and population focus with competence.

The National Certification Corporation (NCC) provides the certification examination for WHNPs and a formal certification maintenance mechanism for validation of ongoing competence. Only individuals who have completed a nationally accredited graduate or postgraduate WHNP program are eligible to take the certification examination.⁹ Graduates from nurse midwifery or family nurse practitioner (FNP) programs are not eligible to take the WHNP certification examination based on their nurse midwifery or FNP education.

The certification examination covers gynecologic content (eg, normal gynecology, gynecologic disorders, fertility awareness, contraception), male sexual and reproductive health, obstetric content (eg, normal prenatal and postpartum care, assessment of fetal well-being, complications in pregnancy, pregnancy-specific conditions, postpartum complications), and content on the primary care of women (eg, common health problems, health screening, education, counseling). Physical assessment, diagnostic testing, and pharmacology content are included along with professional practice issues.¹⁰

NCC WHNP certification maintenance requires the certified individual to complete a continuing competency assessment of knowledge every 3 years covering the same areas as the certification examination, with scores in each area determining required CE content the WHNP must complete for the next certification maintenance cycle.¹¹ The process of assessment-based certification maintenance ensures that continuing education is focused specifically on WHNP competencies.

Women's diverse healthcare needs

Women's health and healthcare needs are influenced by biology, genetics, age, and behavioral patterns along with the interconnection of critical social determinants of health that include socioeconomic status, the environment in which one lives, and access to quality healthcare services. Socially constructed categories and classifications including, but not limited to, race,

ethnicity, gender, sexual orientation, age, ability/disability, and immigration status influence women's healthcare and health outcomes. Inequities based on socially constructed categories and classifications result in the marginalization and vulnerability of some groups, resulting in explicit and implicit bias, discrimination, and structural barriers to care that lead to disparities in health outcomes. Given the complex interweaving and multilayering of all these factors for women, the best health outcomes can be achieved when healthcare providers recognize the need for, and are able to provide, holistic support for women within the full context of their lives.

The normal physiologic processes (eg, menstruation, sexual function, conception, pregnancy, menopause, aging) that women experience from puberty through the adult lifespan can shape how they perceive themselves, their sense of well-being, and their quality of life. In-depth knowledge regarding these normal physiologic processes and related behaviors provides a basis for client-centered care that includes education, health screening, risk assessment, health promotion, and preventive care. Holistic care incorporates knowledge about the impact these physiologic processes have on overall health and well-being.

All individuals should have access to quality, evidence-based sexual and reproductive health (SRH) care that is nonjudgmental, respectful, and culturally appropriate. SRH encompasses sexuality, sexual relationships, and all matters related to the function and processes of the reproductive system.¹² SRH care addresses issues such as sexuality, reproductive life planning, fertility, contraception, preconception care, reproductive assistance options, sexually transmitted infections/HIV infection, SRH-related vaccinations, sexual dysfunction, reproductive health-related illnesses such as breast and cervical cancers, and violence within relationships.^{13,14}

An average of 700 women die each year of pregnancy-related complications in the United States, a rate that remains higher than that of any other resource-rich country.¹⁵ Disparities exist, with non-Hispanic black women and American Indian/Alaska Native women having significantly higher pregnancy-related mortality rates than non-Hispanic white women.¹⁵ Strategies to reduce maternal mortality, especially where there are disparities, need to address risk factors at provider, patient/family, health facility, healthcare system, and community levels. Healthcare before, during, and in between pregnancies must be attentive to identifying and reducing risk factors for maternal complications.¹⁶ The availability of healthcare teams to manage high-risk antepartum and postpartum care fosters the best patient outcomes.

Women benefit from healthcare that provides early recognition of risk factors for, and signs and symptoms of, alterations in all aspects of gynecologic health. When women have access to regular well-woman care from puberty through the adult lifespan, they have access to health promotion counseling, risk assessment, risk reduction, and early identification of conditions that allow for better management and outcomes.

Biologic differences and social determinants of health influence women's susceptibility to, and presentation or expression of, signs and symptoms of diseases and conditions that afflict women and men (eg, cardiovascular disease, substance use disorders, depression). These differences require distinct approaches to health promotion, risk assessment, disease prevention, diagnosis, and treatment.¹⁷

Challenges and strategies

WHNPs are highly qualified to provide care that meets women's diverse healthcare needs and are an essential part of the women's health workforce. An increase in the numbers of WHNPs can lead to improved access to quality, evidence-based, client-centered care that encompasses common and complex gynecologic and menopausal healthcare, uncomplicated and high-risk antepartum and postpartum care, common nongynecologic primary care for women, and SRH care for all individuals. Strategies to overcome specific challenges in achieving and maintaining

an adequate number of WHNPs in the healthcare workforce must be implemented in an intentional and united manner.

As of January 2020, there were 11,855 NCC-certified WHNPs. Trends in the number of WHNP program graduates taking the certification examination have remained stable over the past 3 years, with 550 to 570 WHNPs newly certified each year (2017–2019).¹⁸ Nevertheless, WHNPs represent only about 9% of the total NP population. Because of their smaller numbers, the visibility of WHNPs to nurses considering NP education, employers of NPs, other professional healthcare provider organizations, and healthcare consumers is less than that of their FNP colleagues who represent approximately 60% of the NP population.¹⁹

WHPNs and educators of WHNPs can use documents such as this white paper, NPWH position statements, and the WHNP guidelines for practice and education to clearly articulate the unique aspects of WHNP education and competencies and the value WHNPs bring to the healthcare team and quality women's healthcare. Active participation of WHNPs on local, regional, state, and national boards, commissions, committees, and task forces, and active participation in health professional organizations that address women's health strengthens the visibility and voice of WHNPs at all levels.

Currently, there are 60 active WHNP programs at universities in the United States.¹⁸ Some WHNP programs have closed or become inactive over the past several years due to low enrollment, budget restrictions, and university administrator perceptions that WHNP programs are not as financially lucrative as FNP programs. The overall number of WHNP programs, however, has remained stable as new programs have opened.¹⁸ Innovative strategies and a concerted effort are required to meet challenges regarding recruitment and retention of WHNP students and increasing access to WHNP programs. WHNPs can personally engage and encourage their employers to do the same with universities that now have WHNP programs to increase recruitment efforts. The individuals responsible for recruitment and advising within schools of nursing need accurate information about the WHNP role and potential career opportunities. WHNPs can also actively seek to serve as preceptors for students in WHNP programs to ensure that adequate clinical learning opportunities are available. WHNP faculty members who understand the WHNP curriculum requirements can provide guidance at their schools of nursing to develop streamlined, yet rigorous postgraduate WHNP programs for interested NPs certified in other population areas (eg, family, adult gerontology). Such programs would provide individuals with the opportunity to expand their knowledge and skills in comprehensive women's healthcare and to be eligible for certification as WHNPs.

Future of the WHNP role

The continuing transformation of practice for WHNPs as full partners within a complex and ever-evolving healthcare environment requires a level of education that provides graduates with competencies that promote safe, efficient, cost-effective, and high-quality, client-centered care. WHNPs must be ready to lead interprofessional healthcare teams in the translation of evidence into practice to improve women's health outcomes as well as in evidence-based quality improvement and client safety initiatives in the healthcare setting. The health of women requires knowledgeable leadership not only within clinical practice but also in communities served. Women and families benefit when WHNPs are engaged in community-based initiatives to positively impact social/structural determinants of health and to advocate for health equity and social justice. They must be ready to participate in crucial endeavors to confront and overcome implicit bias in healthcare settings and systems that prevent access to high-quality, client-centered care.

To prepare the WHNP with these competencies, NPWH supports the continuing evolution of the Doctor of Nursing Practice (DNP) degree as entry level for WHNPs. NPWH thus strongly advocates for schools of nursing to include the WHNP population focus in DNP programs.²⁰ DNP programs must use the WHNP guidelines for practice and education to ensure that the WHNP curriculum prepares graduates for this NP population focus.⁵

Education cannot stop at graduation from a WHNP program. The WHNP is expected to continue to add to knowledge and develop new skills for competencies that reflect evidence-based practice, changes in healthcare delivery systems and models, and use of new technologies. As medical and technological advances continue, WHNPs will also have opportunities to establish themselves in new specialty roles that meet the needs for improved women's healthcare and health outcomes.

The role of the WHNP as researcher is also critical to ensure the ongoing study and establishment of a scientific basis for clinical practice. WHNPs with Doctor of Philosophy (PhD) preparation and those with DNP degrees are ideally positioned to work together to add to scientific knowledge and disseminate/translate that knowledge into practice. WHNPs may seek other doctoral degrees to be able to bring advanced knowledge and skills to the forefront to improve women's healthcare and health outcomes.

The report from the Institute of Medicine on the future of nursing recognizes the challenge for the overall nursing workforce in regard to the lack of racial and ethnic diversity in the profession.²¹ Diversity in the WHNP workforce is crucial to meet current and future health needs of women and to provide culturally relevant care. WHNP programs and employers should develop and implement intentional recruitment and retention plans to increase diversity.

As we move forward, we must give attention to validating the WHNP role through data collection to evaluate efficiency, cost-effectiveness, outcomes, and quality of care. Employers, healthcare systems, healthcare payers, and nursing and other health profession organizations look at such data when making decisions that will affect the future of the WHNP role.

Role of NPWH in education, policy, and public awareness

As the leading voice for evidence-based, client-centered, holistic healthcare provided by WHNPs to meet the unique needs of women throughout their lifespan, NPWH embraces and endorses the distinctive WHNP role as a critical NP population focus. As described in this paper, the depth and breadth of the education and credentialing of WHNPs is needed to meet women's healthcare needs. Nurses with a passion for women's health who are seeking education to become NPs should have the opportunity to pursue the WHNP role and to excel in providing women's healthcare.

NPWH provides leadership to support the WHNP role through:

- Regular review and update of the WHNP guidelines for practice and education to ensure the content reflects current knowledge and skills required to provide evidence-based care as a WHNP.
- Facilitation of the WHNP Academic Program Leaders Task Force to promote connectivity and shared resources.
- Development of tools for educating school of nursing administrators, recruiters, and advisors about the WHNP role and career opportunities.
- Development and implementation of ongoing activities that support WHNP students, including participation at the national conference, opportunities for networking, and mentoring programs.

- Provision of the online NPWH WHNP certification exam review course and women's health update.
- Provision of a variety of CE programs through live, online, and print venues focused on evidence-based practice in women's health.
- Development of position statements that explain and clarify the role of the WHNP.
- Ongoing collaboration with local, regional, state, and national health professional organizations to ensure WHNPs are active members on committees and task forces focused on women's health.
- Ongoing collaboration with APRN and other nursing organizations to ensure the WHNP profession is represented in decision making about advanced practice nursing.
- Advocacy to ensure relevant policy and regulation language works to promote and not unduly restrict WHNP practice or access to care by WHNPs.
- Development of public awareness resources that promote the WHNP role.
- Promotion and dissemination of research in areas of women's health.
- Promotion and dissemination of research on the impact of care provided by WHNPs on healthcare delivery and patient outcomes.
- Creation of a platform for a dynamic future vision for a relevant and thriving WHNP role.

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