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Tony Evers, Governor
Dan Hereth, Secretary

VIRTUAL/TELECONFERENCE
MIDWIFE ADVISORY COMMITTEE
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
November 18, 2025

The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Committee.

AGENDA

12:00 P.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-2)

B. Approval of Minutes of September 23, 2025 (3)

C. Administrative Matters – Discussion and Consideration
1. Department, Staff and Committee Updates
2. Committee Members
   a. Abitz, Leslie C.
   b. Bauer, Korina M.
   c. Guzzardo, Angela L.
   d. Scherer, Kelsey A.
   e. Stevenson, Kaycie Marie

D. Administrative Rule Matters – Discussion and Consideration (4-30)
1. Public Comment Process Reminder
2. Drafting Proposals: SPS 180 to 183, Relating to Licensed Midwives Comprehensive Review
   a. Review of Edits from September 23, 2025
   b. SPS 182.02 – Informed Consent
      1. Midwives Association of Washington State Position Statement on Shared Decision Making
   c. SPS 182.03 (4) – Consultation and Referral
   d. SPS 182.03 (5) – Transfer
   e. Other Proposals from the Department or Committee Members
3. Pending and Possible Rulemaking Projects

E. Legislative and Policy Matters – Discussion and Consideration

F. Discussion and Consideration of Items Added After Preparation of Agenda:
   1. Introductions, Announcements and Recognition
   2. Administrative Matters
   3. Election of Officers
   4. Education and Examination Matters
   5. Credentialing Matters
   6. Legislative and Policy Matters
   7. Administrative Rule Matters
   8. Committee Liaison Training and Appointment of Mentors
   9. Informational Items

G. Public Comments

ADJOURNMENT

NEXT MEETING: JANUARY 20, 2026

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MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board's agenda, please visit the Department website at https:\\dsps.wi.gov. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of any agenda item may be changed by the board for the convenience of the parties. The person credentialed by the board has the right to demand that the meeting at which final action may be taken against the credential be held in open session. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer or reach the Meeting Staff by calling 608-267-7213.

VIRTUAL/TELECONFERENCE
MIDWIFE ADVISORY COMMITTEE
MEETING MINUTES
SEPTEMBER 23, 2025

PRESENT: Leslie Abitz, Korina Bauer, Angela Guzzardo, Kelsey Scherer

ABSENT: Kayci Marie Stevenson

STAFF: Tom Ryan, Executive Director; Renee Parton, Assistant Deputy Chief Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Tracy Drinkwater, Board Administration Specialist; and other DSPS Staff

CALL TO ORDER

Korina Bauer, Chairperson, called the meeting to order at 12:00 p.m. A quorum of four (4) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda

- *D.2.e. change from "of" to "or"*

MOTION: Leslie Abitz moved, seconded by Korina Bauer, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES FROM JULY 15, 2025

MOTION: Leslie Abitz moved, seconded by Korina Bauer, to approve the minutes of July 15, 2025, as published. Motion carried unanimously.

ADJOURNMENT

MOTION: Korina Bauer moved, seconded by Abitz, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 2:00 p.m.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Nilajah Hardin **Administrative Rules Coordinator**	**11/6/25** **Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting**

3) Name of Board, Committee, Council, Sections:

Midwife Advisory Committee

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
11/18/25	☒ Yes ☐ No	**Administrative Rule Matters – Discussion and Consideration** **1. Public Comment Process Reminder** **2. Drafting Proposals: SPS 180 to 183, Relating to Licensed Midwives Comprehensive Review** **a. Review of Edits from September 23, 2025** **b. SPS 182.02 – Informed Consent** **1. Midwives Association of Washington State Position Statement on Shared Decision Making** **c. SPS 182.03 (4) – Consultation and Referral** **d. SPS 182.03 (5) – Transfer** **e. Other Proposals from the Department or Committee Members** **3. Pending or Possible Rulemaking Projects**

7) Place Item in:	8) Is an appearance before the Board being scheduled? *(If yes, please complete Appearance Request for Non-DSPS Staff)*	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session	☐ Yes ☒ No	**N/A**

10) Describe the issue and action that should be addressed:

Attachments:
1. SPS 180 to 183 Redlined Code Text
2. Midwives Association of Washington State Position Statement on Shared Decision Making

11) Authorization

Nilajah D. Hardin — 11/6/25

Signature of person making this request **Date**

Supervisor (if required) **Date**

Executive Director signature (indicates approval to add post agenda deadline item to agenda) **Date**

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Chapter SPS 180

AUTHORITY AND DEFINITIONS

Note: Chapter RL 180 was renumbered chapter SPS 180 under s. 13.92 (4) (b) 1., Stats., Register November 2011 No. 671.

SPS 180.01 Authority. The rules in chs. SPS 180 to 183 are adopted under the authority of ss. 227.11 (2) and 440.08 (3), Stats., and subch. XIII of ch. 440, Stats.

SPS 180.02 Definitions. As used in chs. SPS 180 to 183 and in subch. XIII of ch. 440, Stats.:

(1) "Administer" means the direct provision of a prescription drug or device, whether by injection, ingestion or any other means, to the body of a client.

(1m) "Automated external defibrillator" has the meaning given in s. 440.01 (1) (ad), Stats.

(2) "Client" means a woman who obtains maternity care provided by a licensed midwife.

(3) "Consultation" means discussing the aspects of an individual client's circumstance with other professionals to assure comprehensive and quality care for the client, consistent with the objectives in the client's treatment plan or for purposes of making adjustments to the client's treatment plan. Consultation may include history-taking, examination of the client, rendering an opinion concerning diagnosis or treatment, or offering service, assistance or advice.

(3m) "Defibrillation" has the meaning given in s. 440.01 (1) (ag), Stats.

(4) "Department" means the department of safety and professional services.

(5) "Direct supervision" means immediate on-premises availability to continually coordinate, direct and inspect at first hand the practice of another.

(7) "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, 42 USC 1320d et seq.

(8) "Licensed midwife" means a person who has been granted a license under subch. XIII of ch. 440, Stats., to engage in the practice of midwifery.

(9) "Practice of midwifery" means providing maternity care during the antepartum, intrapartum, and postpartum periods consistent with the standards of practice set forth in ch. SPS 182.

(10) "Temporary permit" means a credential granted under s. SPS 181.01 (4), to an individual to practice midwifery under the direct supervision of a licensed midwife pending successful completion of the requirements for a license under s. SPS 181.01 (1).

(11) "Ventricular fibrillation" has the meaning given in s.440.01 (1) (i), Stats.

Chapter SPS 181

APPLICATIONS FOR LICENSURE, RENEWAL OF LICENSES AND TEMPORARY PERMITS

SPS 181.01 Applications.

Note: Chapter RL 181 was renumbered chapter SPS 181 under s. 13.92 (4) (b) 1., Stats., Register November 2011 No. 671.

SPS 181.01 Applications. (1) LICENSES. An individual who applies for a license as a midwife shall apply on a form provided by the department. An applicant who fails to comply with a request for information related to the application, or fails to meet all requirements for the license within 120 calendar days from the date of filing shall file a new application and fee if licensure is sought at a later date. The application shall include all of the following:

(a) The fee specified in s. 440.03 (9), Stats.

(b) Evidence satisfactory to the department of one of the following:

1. That the applicant holds a valid certified professional midwife credential granted by the North American Registry of Midwives or a successor organization.
2. That the applicant holds a valid certified nurse-midwife credential granted by the American College of Nurse Midwives or a successor organization.
3. That the applicant holds a valid certified nurse-midwife or midwife credential granted by the American Midwifery Certification Board or a successor organization.

(c) That the applicant, subject to ss. 111.321, 111.322 and 111.335, Stats., does not have an arrest or conviction record. An applicant who has a pending criminal charge or has been convicted of any crime or ordinance violation shall provide the department with all information requested relating to the applicant's pending criminal charge, conviction or other offense, as applicable. The department may not grant a midwife license to a person convicted of an offense under s. 940.22, 940.225, 944.06, 944.15, 944.17, 944.30, 944.31, 944.32, 944.33, 944.34, 948.02, 948.025, 948.06, 948.07, 948.075, 948.08, 948.09, 948.095, 948.10, 948.11 or 948.12, Stats.

(d) Evidence satisfactory to the department that the applicant has current proficiency in the use of an automated external defibrillator achieved through instruction provided by an individual, organization, or institution of higher education approved under s. 46.03 (38), Stats., to provide the instruction.

Note: Instructions for applications ~~Applications~~ for licensure as a midwife are available ~~from the Department of Safety and Professional Services, Division of Professional Credential Processing, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708-8935, or from~~ on the department's website at: http://dsps.wi.gov.

(1m) RECIPROCITY FOR SERVICE MEMBERS, FORMER SER- VICE MEMBERS, AND SPOUSES OF SERVICE MEMBERS OR FORMER SERVICE MEMBERS. A reciprocal

midwife license shall be granted to an applicant who is a service member, former service member, or the spouse of a service member or former service member as defined in s. 440.09 (1), Stats., if the department determines that the applicant meets all of the requirements under s. 440.09 (2), Stats. Subject to s. 440.09 (2m), Stats., the department may request verification necessary to make a determination under this subsection.

Note: Instructions for applications~~Application forms~~ are available on the department's website at http://dsps.wi.gov ~~https://dsps.wi.gov/pages/Home.aspx, or by request from the Department of Safety and Professional Services, P.O. Box 8935, Madison, WI 53708, or call (608) 266-2112~~.

(2) RENEWAL OF LICENSES. **(a)** Except for temporary permits granted under sub. (4), the renewal date for licenses granted un- der subch. XIII of ch. 440, Stats., is July 1 of each even-numbered year.

(b) Renewal applications shall be submitted to the department on a form provided by the department and shall include the renewal fee specified in s. 440.08 (2) (a) 46w., Stats.

(c) At the time of renewal of a license under par. (b), a li- censed midwife shall submit proof satisfactory to the department of all of the following:

1. The licensee holds a valid certified professional midwife credential from the North American Registry of Midwives or a successor organization, or a valid certified nurse-midwife credential from the American College of Nurse Midwives or a successor organization.
2. The licensee has current proficiency in the use of an auto- mated external defibrillator achieved through instruction pro- vided by an individual, organization, or institution of higher education approved under s. 46.03 (38), Stats., to provide the instruction.

(3) LATE RENEWAL OF LICENSES. A licensed midwife who fails to renew a license by the renewal date may renew the license by submitting an application on a form provided by the department and satisfying the following requirements:

(a) If applying less than 5 years after the renewal date, satisfy the requirements under sub. (2), and pay the late renewal fee specified in s. 440.08 (3), Stats.

(b) If applying 5 years or more after the renewal date, satisfy the requirements under sub. (2); pay the late renewal fee specified in s. 440.08 (3), Stats., and submit proof of one or more of the following, as determined by the department to ensure protection of the public health, safety and welfare:

1. Successful completion of educational course work.
2. Successful completion of the national examination required by the North American Registry of Midwives for certification as a certified professional midwife or successful completion of the national examination required by the American College of Nurse Midwives for certification as a certified nurse-midwife.

(4) TEMPORARY PERMITS. **(a)** Application. An applicant seeking a temporary permit shall apply on a form provided by the department. An applicant who fails to comply with a request for information related to the application, or fails to meet all requirements for a permit within 120 calendar days from the date of filing shall submit a new application and fee if a permit is sought at a later date. The application shall include all of the following:

1. The fee specified in s. 440.05 (6), Stats.
2. Evidence satisfactory to the department of all of the following:
   a. The applicant is actively engaged as a candidate for certification with the North American Registry of Midwives or a successor organization; or is currently enrolled in the portfolio evaluation process program through the North American Registry of Midwives or a successor organization, or a certified professional midwife educational program accredited by the Midwifery Education Accreditation Council.
   b. The applicant has received a written commitment from a licensed midwife to directly supervise the applicant's practice of midwifery during the duration of the temporary permit.
   c. The applicant is currently certified by the American Red Cross or American Heart Association in neonatal resuscitation.
   d. The applicant is currently certified by the American Red Cross or American Heart Association in adult cardiopulmonary resuscitation.
   e. The applicant has attended at least 5 births as an observer.
   f. The applicant, subject to ss. 111.321, 111.322 and 111.335, Stats., does not have an arrest or conviction record. An applicant who has a pending criminal charge or has been convicted of any crime or ordinance violation shall provide the department with all information requested relating to the applicant's pending criminal charge, conviction or other offense, as applicable. The department may not grant a temporary permit to a per- son convicted of an offense under s. 940.22, 940.225, 944.06, 944.15, 944.17, 944.30, 944.31, 944.32, 944.33, 944.34, 948.02, 948.025, 948.06, 948.07, 948.075, 948.08, 948.09, 948.095, 948.10, 948.11 or 948.12, Stats.

Note: Instructions for applications ~~Applications~~ are available ~~from the Department of Safety and Professional Services, Division of Professional Credential Processing, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708-8935, or from~~ on the department's website at: http://dsps.wi.gov.

(b) Duration of permit. 1. The duration of a temporary permit is for a period of 3 years or until the permit holder ceases to be currently registered or actively engaged as a candidate for certification as specified in par. (a) 2., whichever is shorter.

2. A licensed midwife with a written commitment to supervise the holder of a temporary permit shall notify the department immediately of a termination of the supervisory relationship.

3. Upon termination of a supervisory relationship, the temporary permit shall be automatically suspended until the permit holder obtains another written supervisory commitment that complies with par. (a) 2. b.
4. The department may in its discretion grant renewal of a temporary permit. Renewal shall be granted only once and for a period of no more than 3 years. A permit holder seeking renewal of a temporary permit shall submit documentation that satisfies the requirements for an initial permit under par. (a).

Note: The North American Registry of Midwives may be contacted at ~~5257 Rosestone Dr., Lilburn, GA 30047~~ P.O. Box 420, Summertown, TN 38483, 1−888−842−4784, https://narm.org/. The American College of Nurse−Midwives may be contacted at ~~8402 Colesville Road, Suite 1550, silver spring, MD 20910~~ 409 12th Street SW, Suite 600, Washington, DC 20024-2188, (240) 485−1800, https://www.midwife.org/.

Chapter SPS 182

STANDARDS OF PRACTICE

Note: Chapter RL 182 was renumbered chapter SPS 182 under s. 13.92 (4) (b) 1., Stats., Register November 2011 No. 671.

SPS 182.01 Standards. Licensed midwives shall comply with the standards of practice of midwifery established by the National Association of Certified Professional Midwives.

Note: The standards of the National Association of Certified Professional Midwives are set forth in ch. SPS 183 Appendix I. The National Association of Certified Professional Midwives may be contacted at 234 Banning Road, Putney, VT 05346, (866) 704-9844, https://www.nacpm.org/.

SPS 182.02 Informed consent. (1) DISCLOSURE OF INFORMATION TO CLIENT. A licensed midwife shall, at an initial consultation with a client, provide a copy of the rules promulgated by the department under subch. XIII of ch. 440, Stats., and disclose to the client orally and in writing on a form provided by the department all of the following:

(a) The licensed midwife's experience and training.

(b) Whether the licensed midwife has malpractice liability insurance coverage and the policy limits of the coverage.

(c) A protocol for medical emergencies, including transportation to a hospital, particular to each client.

(d) A protocol for and disclosure of risks associated with vaginal birth after a cesarean section. The protocol shall include all of the following:

1. A copy of the current statement on vaginal birth after cesarean section by the american college of obstetricians and gynecologists.
2. A description of the risks and benefits associated with vaginal birth after cesarean section.
3. A description of the licensed midwife's clinical experience and training with vaginal birth after cesarean section.
4. Documentation of the client's agreement to:
   a. Provide a copy of the operative report on any prior cesarean section.
   b. Allow increased monitoring before and during labor.
   c. Transfer to a hospital at any time if requested by the licensed midwife.
5. Notification to the client that if a complication occurs, the risk to the client will be higher due to the delay in obtaining access to hospital care.
6. Notification to the client that if a uterine rupture occurs it will result in the loss of the fetus.

(de) A protocol for and disclosure of risks associated with breech presentation. The protocol shall include all of the following:

1. A description of the risks associated with breech presentation.

2. A description of the licensed midwife's clinical experience and training with breech presentation.
3. A description of the outcome for any birth with breech presentation that the licensed midwife has attended.

(dm) A protocol for and dlisclosure of risks associated with birth with two or more fetuses. The protocol shall include all of the following:

1. A description of the risks associated with vaginal brth of two or more fetuses.
2. A description of the licensed midwife's clinical experience and training with births with two or more fetuses.
~~1.~~3. A description of the outcome for any birth of two or more fetuses that the licensed midwife has attended.

~~**(d)**~~**(e)** The number of babies delivered and the number of clients transferred to a hospital since the time the licensed midwife commenced practice of midwifery.

~~**(e)**~~**(f)** A statement that the licensed midwife does not have the equipment, drugs or personnel available to perform neonatal resuscitations that would normally be available in a hospital setting.

Note: Forms are available ~~from the Department of Safety and Professional Services, Division of Professional Credential Processing, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708-8935, or from~~ on the department's website at: http://dsps.wi.gov.

(1m) DISCLOSURE OF INFORMATION BY TEMPORARY PERMIT HOLDER. A temporary permit holder shall inform a client orally and in writing that the temporary permit holder may not engage in the practice of midwifery unless the temporary permit holder practices under the direct supervision of a licensed midwife.

(2) ACKNOWLEDGEMENT BY CLIENT. A licensed midwife shall, at an initial consultation with a client, provide a copy of the written disclosures required under sub. (1), to the client and obtain the client's signature acknowledging that she has been in- formed, orally and in writing, of the disclosures required under sub. (1).

SPS 182.03 Practice. (1) TESTING, CARE AND SCREENING. A licensed midwife shall:

(a) Offer each client routine prenatal care and testing in accordance with current American College of Obstetricians and Gynecologists guidelines.

(b) Provide all clients with a plan for 24 hour on-call availability by a licensed midwife, certified nurse-midwife or licensed physician throughout pregnancy, intrapartum, and 6 weeks postpartum.

(c) Provide clients with labor support, fetal monitoring and routine assessment of vital signs once active labor is established.

(d) Supervise delivery of infant and placenta, assess newborn and maternal well being in immediate postpartum, and perform Apgar scores.

(e) Perform routine cord management and inspect for appropriate number of vessels.

(f) Inspect the placenta and membranes for completeness.

(g) Inspect the perineum and vagina postpartum for lacerations and stabilize.

(h) Observe mother and newborn postpartum until stable condition is achieved, but in no event for less than 2 hours.

(i) Instruct the mother, father and other support persons, both verbally and in writing, of the special care and precautions for both mother and newborn in the immediate postpartum period.

(j) Reevaluate maternal and newborn well being within 36 hours of delivery.

(k) Use universal precautions with all biohazard materials.

(L) Ensure that a birth certificate is accurately completed and filed in accordance with state law.

(m) Offer to obtain and submit a blood sample in accordance with the recommendations for metabolic screening of the newborn.

(n) Offer an injection of vitamin K for the newborn in accordance with the indication, dose and administration route set forth in sub. (3).

(o) Within one week of delivery, offer a newborn hearing screening to every newborn or refer the parents to a facility with a newborn hearing screening program.

(p) Within 2 hours of the birth offer the administration of antibiotic ointment into the eyes of the newborn, in accordance with state law on the prevention of infant blindness.

(q) Maintain adequate antenatal and perinatal records of each client and provide records to consulting licensed physicians and licensed certified nurse-midwives, in accordance with HIPAA regulations.

(2) PRESCRIPTION DRUGS, DEVICES AND PROCEDURES. A licensed midwife may administer the following during the practice of midwifery:

(a) Oxygen for the treatment of fetal distress.

(b) Eye prophylactics – 0.5% erythromycin ophthalmic ointment or 1% tetracycline ophthalmic ointment for the prevention of neonatal ophthalmia.

(c) Oxytocin, or pitocin, as a postpartum antihemorrhagic agent.

(d) Methyl-ergonovine, or methergine, for the treatment of postpartum hemorrhage.

(dm) Misoprostol, or cytotec, for the prevention and treatment of postpartum hemorrhage.

~~(d)~~(e) Vitamin K for the prophylaxis of hemorrhagic disease of the newborn.

~~(e)~~(f) RHo (D) immune globulin for the prevention of RHo (D) sensitization in RHo (D) negative women.

~~(f)~~(g) Intravenous fluids for maternal stabilization ~~– 5% dextrose in lactated~~Lactated Ringer's solution ~~(D5LR)~~, unless unavailable or impractical in which case 0.9% sodium chloride may be administered.

~~(g)~~(h) In addition to the drugs, devices and procedures that are identified in pars. (a) to (g), a licensed midwife may administer any other prescription drug, use any other device or perform any other procedure as an authorized agent of a licensed practitioner with prescriptive authority.

Note: Licensed midwives do not possess prescriptive authority. A licensed midwife may legally administer prescription drugs or devices only as an authorized agent of a practitioner with prescriptive authority. For physicians, physician assistants, and advanced practice ~~nurses~~nurse prescribers, an agent may administer prescription drugs or devices pursuant to written standing orders and protocols.

Note: Medical oxygen, 0.5% erythromycin ophthalmic ointment, tetracycline ophthalmic

ointment, oxytocin (pitocin), methyl-ergonovine (methergine), misoprostol (cytotec), injectable vitamin K and RHo (D) immune globulin are prescription drugs. See s. SPS 180.02 (1).

(3) INDICATIONS, DOSE, ADMINISTRATION AND DURATION OF TREATMENT. The indications, dose, route of administration and duration of treatment relating to the administration of drugs and procedures identified under sub. (2) are as follows:

Medication	Indication	Dose	Route of Administration	Duration of Treatment
Oxygen	Fetal distress	Maternal: 6-8 L/minute Infant: 10-12 L/minute 2-4 L/minute	Mask Bag and mask Mask	Until delivery or transfer to a hospital is complete 20 minutes or until transfer to a hospital is complete
0.5% Erythromycin Ophthalmic Ointment Or 1% Tetracycline Ophthalmic Ointment	Prophylaxis of Neonatal Ophthalmia	1 cm ribbon in each eye from unit dose package 1 cm ribbon in each eye from unit dose package	Topical Topical	1 dose
Oxytocin (Pitocin) 10 units/ml	Prevention and Treatment of Postpartum hemorrhage only	10-20 units, 1-2 ml	Intramuscularly or Intravenously ~~only~~	1-2 doses
Methyl-ergonovine (Methergine) 0.2 mg/ml or 0.2 mg tabs	Postpartum hemorrhage only	0.2 mg	Intramuscularly Orally	Single dose Every 6 hours, may repeat 3 times Contraindicated in hypertension and Raynaud's Disease
Misoprostol, (Cytotec) 800 mcg or 400-600 mcg	Prevention and Treatment of Postpartum hemorrhage only	800 mcg for treatment or 400-600 mcg for prevention	Sublingually, orally, or rectally	1 dose
Vitamin K 1.0 mg/0.5 ml	Prophylaxis of Hemorrhagic Disease of the Newborn	0.5-1.0 mg, 0.25-0.5 ml	Intramuscularly	Single dose
RHo (D) Immune Globulin	Prevention of RHo (D) sensitization in RHo (D) negative women	Unit dose	Intramuscularly only	Single dose at any gestation for RHo (D) negative, antibody negative women within 72 hours of spontaneous bleeding. Single dose at 26-28 weeks gestation for RHo (D) negative, antibody negative women and Single dose for RHo (D) negative, antibody negative women within 72 hours of delivery of RHo (D) positive infant, or infant with unknown blood type
~~5% dextrose in lactated~~Lactated Ringer's solution ~~(D5LR)~~, unless unavailable or impractical in which case 0.9% sodium chloride may be administered	To achieve maternal stabilization during uncontrolled post-partum hemorrhage or anytime blood loss is accompanied by tachycardia, hypotension, de-creased level of consciousness, pallor or diaphoresis	~~First liter run in at a wide open rate, the second liter titrated to client's condition~~125 mL/h or 250 mL/hr	~~IV catheter 18 gauge or greater (2 if hemorrhage is severe)~~Intravenously	Until maternal stabilization is achieved or transfer to a hospital is complete

(4) CONSULTATION AND REFERRAL. **(a)** A licensed midwife shall consult with a licensed physician, licensed physician assistant, certified advanced practice nurse prescriber, or a licensed ~~certified~~ nurse-midwife who has current working knowledge and experience in providing obstetrical care, whenever there are significant deviations, including abnormal laboratory results, relative to a client's pregnancy or to a neonate. If a referral to a physician is needed, the licensed midwife shall refer the client to a physician and, if possible, remain in consultation with the physician until resolution of the concern.

Note: Consultation does not preclude the possibility of an out-of-hospital birth. It is appropriate for the licensed midwife to maintain care of the client to the greatest degree possible, in accordance with the client's wishes, during the pregnancy and, if possible, during labor, birth and the postpartum period.

(b) A licensed midwife shall consult with a licensed physician, licensed physician assistant, certified advanced practice nurse prescriber, or ~~certified~~licensed nurse-midwife who has current working knowledge and experience in providing obstetrical care, with regard to any mother who presents with or develops the following risk factors or presents with or develops other risk factors that in the judgment of the licensed midwife warrant consultation:

1. Antepartum.
   a. Pregnancy induced hypertension, as evidenced by a blood pressure of 140/90 on 2 occasions greater than 6 hours apart.
   b. Persistent, severe headaches, epigastric pain or visual disturbances.
   c. Persistent symptoms of urinary tract infection.
   d. Significant vaginal bleeding before the onset of labor not associated with uncomplicated spontaneous abortion.
   e. Rupture of membranes prior to the 37th week gestation.
   f. Noted abnormal decrease in or cessation of fetal movement.
   g. Anemia resistant to supplemental therapy.
   h. Fever of 102° F or 39° C or greater for more than 24 hours.
   i. Non-vertex presentation after 38 weeks gestation.
   j. Hyperemisis or significant dehydration.
   k. Isoimmunization, Rh-negative sensitized, positive titers, or any other positive antibody titer, which may have a detrimental effect on mother or fetus.
   L. Elevated blood glucose levels unresponsive to dietary management.
   m. Positive HIV antibody test.
   n. Primary genital herpes infection in pregnancy.
   o. Symptoms of malnutrition or anorexia or protracted weight loss or failure to gain weight.
   p. Suspected deep vein thrombosis.
   q. Documented placental anomaly or previa.
   r. Documented low lying placenta in woman with history of previous cesarean delivery.

s. Labor prior to the 37th week of gestation.
t. History of prior uterine incision.
u. Lie other than vertex at term.
v. Multiple gestation.
w. Known fetal anomalies that may be affected by the site of birth.
x. Marked abnormal fetal heart tones.
y. Abnormal non-stress test or abnormal biophysical profile.
z. Marked or severe poly- or oligo-dydramnios.
za. Evidence of intrauterine growth restriction.
zb. Significant abnormal ultrasound findings.
zc. Gestation beyond 42 weeks by reliable confirmed dates.

2. Intrapartum.
a. Rise in blood pressure above baseline, more than 30/15 points or greater than 140/90.
b. Persistent, severe headaches, epigastric pain or visual disturbances.
c. Significant proteinuria or ketonuria.
d. Fever over 100.6° F or 38° C in absence of environmental factors.
e. Ruptured membranes without onset of established labor after 18 hours.
f. Significant bleeding prior to delivery or any abnormal bleeding, with or without abdominal pain; or evidence of placental abruption.
g. Lie not compatible with spontaneous vaginal delivery or unstable fetal lie.
h. Failure to progress after 5 hours of active labor or following 2 hours of active second stage labor.
i. Signs or symptoms of maternal infection.
j. Active genital herpes at onset of labor.
k. Fetal heart tones with non-reassuring patterns.
L. Signs or symptoms of fetal distress.
m. Thick meconium or frank bleeding with birth not imminent.
n. Client or licensed midwife desires physician consultation or transfer.

3. Postpartum.
a. Failure to void within 6 hours of birth.
b. Signs or symptoms of maternal shock.
c. Febrile: 102° F or 39° C and unresponsive to therapy for 12 hours.
d. Abnormal lochia or signs or symptoms of uterine sepsis.
e. Suspected deep vein thrombosis.
f. Signs of clinically significant depression.

(c) A licensed midwife shall consult with a licensed physician or licensed certified nurse-midwife with regard to any neonate who is born with or develops the following risk factors:

1. Apgar score of 6 or less at 5 minutes without significant improvement by 10 minutes.
2. Persistent grunting respirations or retractions.
3. Persistent cardiac irregularities.
4. Persistent central cyanosis or pallor.

5. Persistent lethargy or poor muscle tone.
6. Abnormal cry.
7. Birth weight less than 2300 grams.
8. Jitteriness or seizures.
9. Jaundice occurring before 24 hours or outside of normal range.
10. Failure to urinate within 24 hours of birth.
11. Failure to pass meconium within 48 hours of birth.
12. Edema.
13. Prolonged temperature instability.
14. Significant signs or symptoms of infection.
15. Significant clinical evidence of glycemic instability.
16. Abnormal, bulging, or depressed fontanel.
17. Significant clinical evidence of prematurity.
18. Medically significant congenital anomalies.
19. Significant or suspected birth injury.
20. Persistent inability to suck.
21. Diminished consciousness.
22. Clinically significant abnormalities in vital signs, muscle tone or behavior.
23. Clinically significant color abnormality, cyanotic, or pale or abnormal perfusion.
24. Abdominal distension or projectile vomiting.
25. Signs of clinically significant dehydration or failure to thrive.

(5) TRANSFER. **(a)** Transport via private vehicle is an acceptable method of transport if it is the most expedient and safest method for accessing medical services. The licensed midwife shall initiate immediate transport according to the licensed midwife's emergency plan; provide emergency stabilization until emergency medical services arrive or transfer is completed; accompany the client or follow the client to a hospital in a timely fashion; provide pertinent information to the receiving facility and complete an emergency transport record. The following conditions shall require immediate physician notification and emergency transfer to a hospital:

1. Seizures or unconsciousness.
2. Respiratory distress or arrest.
3. Evidence of shock.
4. Psychosis.
5. Symptomatic chest pain or cardiac arrhythmias.
6. Prolapsed umbilical cord.
7. Shoulder dystocia not resolved by Advanced Life Support in Obstetrics (ALSO) protocol.
8. Symptoms of uterine rupture.
9. Preeclampsia or eclampsia.
10. Severe abdominal pain inconsistent with normal labor.
11. Chorioamnionitis.
12. Clinically significant fetal heart rate patterns or other manifestation of fetal distress.

13. Presentation not compatible with spontaneous vaginal delivery.
14. Laceration greater than second degree perineal or any cervical.
15. Hemorrhage non-responsive to therapy.
16. Uterine prolapse or inversion.
17. Persistent uterine atony.
18. Anaphylaxis.
19. Failure to deliver placenta after one hour if there is no bleeding and fundus is firm.
20. Sustained instability or persistent abnormal vital signs.
21. Other conditions or symptoms that could threaten the life of the mother, fetus or neonate.

(b) A licensed midwife may deliver a client with any of the complications or conditions set forth in par. (a), if no physician or other equivalent medical services are available and the situation presents immediate harm to the health and safety of the client; if the complication or condition entails extraordinary and unnecessary human suffering; or if delivery occurs during transport.

(c) The licensed midwife's emergency plan required under sub (a) shall at a minimum include all of the following:

1.

(d) The licensed midwife shall transfer all relevant client records in a timely manner.

(e) A verbal or face-to -face hand off between the licensed midwife and the physician shall occur whenever possible.

(f) The pertinent information required to be given under sub (a) upon transfer shall include all of the following:

1.

(6) PROHIBITED PRACTICES. A licensed midwife may not do any of the following:

(a) Administer prescription pharmacological agents intended to induce or augment labor.

(b) Administer prescription pharmacological agents to provide pain management.

(c) Use vacuum extractors or forceps.

(d) Prescribe medications.

(e) Provide out-of-hospital care to a woman who has had a vertical incision cesarean section.

(f) Perform surgical procedures including, but not limited to, cesarean sections and circumcisions.

(g) Knowingly accept responsibility for prenatal or intrapartum care of a client with any of the following risk factors:

1. Chronic significant maternal cardiac, pulmonary, renal or hepatic disease.
2. Malignant disease in an active phase.
3. Significant hematological disorders or coagulopathies, or pulmonary embolism.
4. Insulin requiring diabetes mellitus or uncontrolled gestational diabetes or type 2 diabetes mellitus.
5. Known maternal congenital ~~abnormalities~~conditions affecting childbirth.
6. Confirmed isoimmunization, Rh disease with positive titer.
7. Active tuberculosis.
8. Active syphilis or gonorrhea.

9. Active genital herpes infection 2 weeks prior to labor or in labor.
10. Pelvic or uterine ~~abnormalities~~conditions affecting normal vaginal births, including tumors and malformations.
11. ~~Alcoholism or abuse~~Alcohol use disorder.
12. ~~Drug addiction or abuse~~Substance use disorder.
~~13. Confirmed AIDS status.~~
~~14.~~13. Uncontrolled current serious ~~psychiatric illness~~psychological or behavioral condition or disorder.
~~15.~~14. ~~Social or familial conditions unsatisfactory for out-of- hospital maternity care services~~Conditions considered by the licensed midwife to be unsafe for the client, the fetus, or the midwife.
~~16.~~15. Fetus with suspected or diagnosed congenital ~~abnormalities~~conditions that may require immediate medical intervention.

Chapter SPS 183
GROUNDS FOR DISCIPLINE

SPS 183.01 Disciplinary proceedings and actions.

Note: Chapter RL 183 was renumbered chapter SPS 183 under s. 13.92 (4) (b) 1., Stats., Register November 2011 No. 671.

SPS 183.01 Disciplinary proceedings and actions.

(1) Subject to the rules promulgated under s. 440.03 (1), Stats., the department may reprimand a licensed midwife or deny, limit, suspend, or revoke a license or temporary permit granted under subch. XIII of ch. 440, Stats., if the department finds that the applicant, temporary permit holder, or licensed midwife has engaged in misconduct. Misconduct comprises any practice or behavior that violates the minimum standards of the profession necessary for the protection of the health, safety, or welfare of a client or the public. Misconduct includes the following:

(a) Submitting fraudulent, deceptive or misleading information in conjunction with an application for a credential.

(b) Violating, or aiding and abetting a violation, of any law or rule substantially related to practice as a midwife. A certified copy of a judgment of conviction is prima facie evidence of a violation.

Note: Pursuant to s. SPS 4.09, all credential holders licensed by the department need to report a criminal conviction within 48 hours after entry of a judgment against them. The department form for reporting convictions is available on the department's website at http://dsps.wi.gov.

(c) Having a license, certificate, permit, registration, or other practice credential granted by another state or by any agency of the federal government to practice as a midwife, which the granting jurisdiction limits, restricts, suspends, or revokes, or having been subject to other adverse action by a licensing authority, any state agency or an agency of the federal government including the denial or limitation of an original credential, or the surrender of a credential, whether or not accompanied by findings of negligence or unprofessional conduct. A certified copy of a state or federal final agency decision is prima facie evidence of a violation of this provision.

(d) Failing to notify the department that a license, certificate, or registration for the practice of any profession issued to the mid- wife has been revoked, suspended, limited or denied, or subject to any other disciplinary action by the authorities of any jurisdiction.

(e) Violating or attempting to violate any term, provision, or condition of any order of the department.

(f) Performing or offering to perform services for which the midwife is not qualified by education, training or experience.

(g) Practicing or attempting to practice while the midwife is impaired as a result of any

condition that impairs the midwife's ability to appropriately carry out professional functions in a manner consistent with the safety of clients or the public.

(h) Using alcohol or any drug to an extent that such use im- pairs the ability of the midwife to safely or reliably practice, or practicing or attempting to practice while the midwife is impaired due to the utilization of alcohol or other drugs.

(i) Engaging in false, fraudulent, misleading, or deceptive behavior associated with the practice as a midwife including advertising, billing practices, or reporting, falsifying, or inappropriately altering patient records.

(j) Discriminating in practice on the basis of age, race, color, sex, religion, creed, national origin, ancestry, disability or sexual orientation.

(k) Revealing to other personnel not engaged in the care of a client or to members of the public information which concerns a client's condition unless release of the information is authorized by the client or required or authorized by law. This provision shall not be construed to prevent a credential holder from cooperating with the department in the investigation of complaints.

(L) Abusing a client by any single or repeated act of force, violence, harassment, deprivation, neglect, or mental pressure which reasonably could cause physical pain or injury, or mental anguish or fear.

(m) Engaging in inappropriate sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a client. For the purposes of this paragraph, an adult shall continue to be a client for 2 years after the termination of professional services. If the person receiving services is a minor, the person shall continue to be a client for the purposes of this paragraph for 2 years after termination of services, or for one year after the client reaches age 18, whichever is later.

(n) Obtaining or attempting to obtain anything of value from a client without the client's consent.

(o) Obtaining or attempting to obtain any compensation by fraud, misrepresentation, deceit or undue influence in the course of practice.

(p) Offering, giving or receiving commissions, rebates or any other forms of remuneration for a client referral.

(q) Failing to provide the client or client's authorized representative a description of what may be expected in the way of tests, consultation, reports, fees, billing, therapeutic regimen, or schedule, or failing to inform a client of financial interests which might accrue to the midwife for referral to or for any use of ser- vice, product, or publication.

(r) Failing to maintain adequate records relating to services provided a client in the course of a professional relationship.

(s) Engaging in a single act of gross negligence or in a pattern of negligence as a midwife, or in other conduct that evidences an inability to apply the principles or skills of midwifery.

(t) Failing to respond honestly and in a timely manner to a request for information from the department. Taking longer than 30 days to respond creates a rebuttable presumption that the response is not timely.

(u) Failing to report to the department or to institutional supervisory personnel any violation of the rules of this chapter by a midwife.

(v) Allowing another person to use a license granted under subch. XIII of ch. 440, Stats.

(w) Failing to provide direct supervision over a temporary permit holder while the permit holder is engaging in the practice of midwifery.

(2) Subject to the rules promulgated under s. 440.03 (1), Stats., the department shall revoke a license granted under subch. XIII of ch. 440, Stats., if the licensed midwife is convicted of any of the offenses specified in s. 440.982 (2), Stats.

(3) Subject to s. 440.982, Stats., no person may engage in the practice of midwifery the person has been granted a license or a temporary permit to practice midwifery under subch. XIII of ch. 440, Stats., or granted a license to practice as a nurse-midwife under s. 441.15, Stats.

(4) Subject to s. 440.981, Stats., no person may use the title "licensed midwife" unless the person has been granted a license to practice midwifery under subch. XIII of ch. 440, Stats., or granted a license to practice as a nurse-midwife under s. 441.15, Stats.

Chapter SPS 183
APPENDIX I
ESSENTIAL DOCUMENTS OF THE NATIONAL ASSOCIATION OF CERTIFIED PROFESSIONAL MIDWIVES

Contents

Gender references: To date, most NACPM members are women. For simplicity, this document uses female pronouns to refer to the NACPM member, with the understanding that men may also be NACPM members.

I. Introduction

The Essential Documents of the NACPM consist of the NACPM Philosophy, the NACPM Scope of Practice, and the Standards for NACPM Practice. They are written for Certified Professional Midwives (CPMs) who are members of the National Association of Certified Professional Midwives.

- They outline the understandings that NACPM members hold about midwifery.
- They identify the nature of responsible midwifery practice.

II. Philosophy and Principles of Practice

NACPM members respect the mystery, sanctity and potential for growth inherent in the experience of pregnancy and birth. NACPM members understand birth to be a pivotal life event for mother, baby, and family. It is the goal of midwifery care to support and empower the mother and to protect the natural process of birth. NACPM members respect the biological integrity of the processes of pregnancy and birth as aspects of a woman's sexuality.

NACPM members recognize the inseparable and interdependent nature of the mother-baby pair.

NACPM members believe that responsible and ethical midwifery care respects the life of the baby by nurturing and respecting the mother, and, when necessary, counseling and educating her in ways to improve fetal/infant well-being.

NACPM members work as autonomous practitioners, recognizing that this autonomy makes possible a true partnership with the women they serve, and enables them to bring a broad range of skills to the partnership.

NACPM members recognize that decision-making involves a synthesis of knowledge, skills, intuition and clinical judgment.

NACPM members know that the best research demonstrates that out-of-hospital birth is a safe and rational choice for healthy women, and that the out-of-hospital setting provides optimal opportunity for the empowerment of the mother and the support and protection of the normal process of birth.

NACPM members recognize that the mother or baby may on occasion require medical consultation or collaboration.

NACPM members recognize that optimal care of women and babies during pregnancy and birth takes place within a net- work of relationships with other care providers who can provide service outside the scope of midwifery practice when needed.

III. Scope of Practice for the National Association of Certified Professional Midwives

The NACPM Scope of Practice is founded on the NACPM Philosophy. NACPM members offer expert care, education, counseling and support to women and their families throughout the caregiving partnership, including pregnancy, birth and the postpartum period. NACPM members work with women and families to identify their unique physical, social and emotional needs. They inform, educate and support women in making choices about their care through informed consent. NACPM members provide on-going care throughout pregnancy and continuous, hands-on care during labor, birth and the immediate postpartum period. NACPM members are trained to recognize abnormal or dangerous conditions needing expert help outside their scope. NACPM members each have a plan for consultation and referral when these conditions arise. When needed, they provide emergency care and support for mothers and babies until additional assistance is available. NACPM members may practice and serve women in all settings and have particular expertise in out-of-hospital settings.

IV. The Standards of Practice for NACPM Members

The NACPM member is accountable to the women she serves, to herself, and to the midwifery profession. The NACPM Philosophy and the NACPM Scope of Practice are the foundation for the midwifery practice of the NACPM member. The NACPM Standards of Practice provide a tool for measuring actual practice and appropriate usage of the body of knowledge of midwifery.

Standard One: The NACPM member works in partnership with each woman she serves. The NACPM member:

- Offers her experience, care, respect, counsel and support to each woman she serves
- Freely shares her midwifery philosophy, professional standards, personal scope of practice and expertise, as well as any limitations imposed upon her practice by local regulatory agencies and state law
- Recognizes that each woman she cares for is responsible for her own health and well-being
- Accepts the right of each woman to make decisions about her general health care and her pregnancy and birthing experience
- Negotiates her role as caregiver with the woman and clearly identifies mutual and individual responsibilities, as well as fees for her services

- Communicates openly and interactively with each woman she serves
- Provides for the social, psychological, physical, emotional, spiritual and cultural needs of each woman
- Does not impose her value system on the woman
- Solicits and respects the woman's input regarding her own state of health
- Respects the importance of others in the woman's life.

Standard Two: Midwifery actions are prioritized to optimize well-being and minimize risk, with attention to the individual needs of each woman and baby.
The NACPM member:

- Supports the natural process of pregnancy and childbirth
- Provides continuous care, when possible, to protect the integrity of the woman's experience and the birth and to bring a broad range of skills and services into each woman's care
- Bases her choices of interventions on empirical and/or research evidence, verifying that the probable benefits outweigh the risks
- Strives to minimize technological interventions
- Demonstrates competency in emergencies and gives priority to potentially life-threatening situations
- Refers the woman or baby to appropriate professionals when either needs care outside her scope of practice or expertise
- Works collaboratively with other health professionals
- Continues to provide supportive care when care is transferred to another provider, if possible, unless the mother declines
- Maintains her own health and well-being to optimize her ability to provide care.

Standard Three: The midwife supports each woman's right to plan her care according to her needs and desires. The NACPM member:

- Shares all relevant information in language that is understandable to the woman
- Supports the woman in seeking information from a variety of sources to facilitate informed decision-making
- Reviews options with the woman and addresses her questions and concerns
- Respects the woman's right to decline treatments or procedures and properly documents her choices
- Develops and documents a plan for midwifery care together with the woman
- Clearly states and documents when her professional judgment is in conflict with the decision or plans of the woman
- Clearly states and documents when a woman's choices fall outside the NACPM member's legal scope of practice or expertise
- Helps the woman access the type of care she has chosen
- May refuse to provide or continue care and refers the woman to other professionals if she deems the situation or the care requested to be unsafe or unacceptable
- Has the right and responsibility to transfer care in critical situations that she deems to be unsafe. She refers the woman to other professionals and remains with the woman until the transfer is complete.

Standard Four: The midwife concludes the caregiving partnership with each woman responsibly. The NACPM member:

- Continues her partnership with the woman until that partnership is ended at the final postnatal visit or until she or the woman ends the partnership and the midwife documents same
- Ensures that the woman is educated to care for herself and her baby prior to discharge from midwifery care
- Ensures that the woman has had an opportunity to reflect on and discuss her childbirth experience
- Informs the woman and her family of available community support networks and refers appropriately.

Standard Five: The NACPM member collects and records the woman's and baby's health data, problems, decisions and plans comprehensively throughout the caregiving partnership. The NACPM member:

- Keeps legible records for each woman, beginning at the first formal contact and continuing throughout the caregiving relationship
- Does not share the woman's medical and midwifery records without her permission, except as legally required
- Reviews and updates records at each professional contact with the woman
- Includes the individual nature of each woman's pregnancy in her assessments and documentation
- Uses her assessments as the basis for on-going midwifery care
- Clearly documents her objective findings, decisions and professional actions
- Documents the woman's decisions regarding choices for care, including informed consent or refusal of care
- Makes records and other relevant information accessible and available at all times to the woman and other appropriate persons with the woman's knowledge and consent
- Files legal documents appropriately.

Standard Six: The midwife continuously evaluates and improves her knowledge, skills and practice in her endeavor to provide the best possible care. The NACPM member:

- Continuously involves the women for whom she provides care in the evaluation of her practice
- Uses feedback from the women she serves to improve her practice
- Collects her practice statistics and uses the data to improve her practice
- Informs each woman she serves of mechanisms for complaints and review, including the NARM peer review and grievance process
- Participates in continuing midwifery education and peer review
- May identify areas for research and may conduct and/or collaborate in research
- Shares research findings and incorporates these into midwifery practice as appropriate
- Knows and understands the history of midwifery in the United States
- Acknowledges that social policies can influence the health of mothers, babies and families; therefore, she acts to influence such policies, as appropriate.

V. Endorsement of Supportive Statements

NACPM members endorse the Midwives Model of Care ({ 1996-2004 Midwifery Task Force), the Mother Friendly Childbirth Initiative ({ 1996 Coalition for Improving Maternity Services) and the Rights of Childbearing Women ({ 1999 Maternity Center Association, Revised 2004). For the full text of each of these statements, please refer to the following web pages.

Midwives Model of Care (MMOC)-http://www.cfmidwifery.org/Citizens/mmoc/define.aspx

Mother Friendly Childbirth Initiative (MFIC) -http://www.motherfriendly.org/MFCI/

Rights of Childbearing Women - http://www.maternitywise.org/mw/rights.html

Midwives' Association of Washington State
POSITION STATEMENT
SHARED DECISION-MAKING

1. POSITION:

It is the position of MAWS that licensed midwives have an ethical obligation to engage in a process of shared decision-making with the women in their care. The concept of shared decision-making differs from both the concept of informed consent and informed choice. Informed consent suggests a one-way flow of information and implies compliance with practitioner recommendations. Informed choice can convey the misleading sense that decisions are being made independent of any practitioner input. The term shared decision-making, however, captures the inherently relational quality of the exchange that ought to take place in discussions regarding all healthcare decisions.

2. RATIONALE:

Respecting a pregnant woman's right to bodily integrity and self-determination is one of the stated principles of every major midwifery and medical association involved in the provision of maternity care. Participatory decision-making is a widely held ethical ideal as well. Indeed, evidence strongly suggests that greater patient involvement in care results in better health outcomes and higher levels of patient satisfaction. Yet, pregnant women in the United States are finding their options increasingly circumscribed because of practitioner and institutional concerns about liability. How, in this highly charged medical-legal climate, should licensed midwives proceed?

A licensed midwife works in partnership with each woman she serves. Licensed midwives honor their clients as centrally important knowers, who bring to the decision-making process their own values, beliefs, intuition, experience, and knowledge. At the same time, licensed midwives have a responsibility to provide women with information on which to base decisions about their care. In this dialogue, licensed midwives draw upon the best available evidence and their professional expertise as well as their own values, beliefs, intuition, and experience. When the issue is a controversial one, midwives should invite their clients to participate in a process of critical inquiry in order to help them understand the political, social, and medical-legal context in which they are making their decisions.

Key to this discussion of shared decision-making is the concept of agency. Pregnant women have the right to determine their own relationship to risk. Likewise, licensed midwives have the right to determine their own professional boundaries, and they have an obligation to adhere to their scope of practice. What is an acceptable level of risk to one woman might be unacceptable to another, and providing individually responsive care is one of the hallmarks of midwifery. How, then can licensed midwives accommodate women who choose to conceptualize their relationship with risk differently than they do? How should the negotiation proceed if the woman is truly willing to accept the possibility of a less than optimal outcome? Where do the licensed midwife's own professional and personal limits enter into the negotiation?

In most cases, the interests of pregnant women and their babies converge rather than diverge. A midwife, therefore, ought to be able to honor the decision of a woman in her care as long as the following conditions are met:

- 2.1 The midwife and the mother have participated in a thorough process of shared decision-making
- 2.2 The decision does not require the midwife to break the law or to compromise her own personal or professional integrity, which would put her in a position of negligence
- 2.3 The mother is willing to accept full responsibility for the results of her decision

For further guidance on the process of shared decision-making, see appendix: NACPM Standards of Practice

3. REFERENCES:

NACPM Standards of Practice, approved 2004
MANA Statement of Values and Ethics, revised and approved October 1997
ACNM Code of Ethics, approved June 2005
ACOG Committee Opinion Number 390, December 2007 "Ethical Decision Making in Obstetrics and Gynecology"

4. APPENDIX:

http://www.nacpm.org/Resources/nacpm-essential-documents.pdf