

**State of Wisconsin Department of Safety
and Professional Services**

4822 Madison Yards Way, PO Box 8366,
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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
October 20, 2026

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

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-2)

B. Approval of Minutes of July 14, 2026 (3)

C. Administrative Matters – Discussion and Consideration

1. Department, Staff and Board Updates
2. Board Members – Term Expiration Dates
 - a. Abitz, Leslie C.
 - b. Bauer, Korina M
 - c. Guzzardo, Angela L.
 - d. Scherer, Kelsey A.
 - e. Stevenson, Kayci Marie

D. Administrative Rule Matters – Discussion and Consideration (4-33)

1. Public Comment Process Reminder
2. Drafting Proposals: SPS 180 to 183, Relating to Licensed Midwives Comprehensive Review
 - a. SPS 180.02 - Definitions
 - b. SPS 182.03 – Practice
 - c. SPS 182.03 (5) – Transfer
 - d. Other Proposals from the Department or Committee Members
3. Preliminary Rule Draft: SPS 180 to 183, Relating to Licensed Midwives Comprehensive Review
4. Pending or 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: TBD 2027

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. 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. Alternatively, reach the Meeting Staff by calling 608-267-7213.

**VIRTUAL/TELECONFERENCE
MIDWIFE ADVISORY COMMITTEE
MEETING MINUTES
JULY 14, 2026**

PRESENT: Leslie Abitz, Korina Bauer, Angela Guzzardo, Kelsey Scherer, Kayci Marie Stevenson

STAFF: Tom Ryan, Executive Director; Renee Parton, Assistant Deputy Chief Legal Counsel; Emily Constantine, Legal Counsel; Jacob Pelegrin, Administrative Rules Coordinator; Ashley Litsey, Board Administration Specialist; and other DSPS Staff

CALL TO ORDER

Korina Bauer, Chairperson, called the meeting to order at 9:00 a.m. A quorum of five (5) members was confirmed.

ADOPTION OF AGENDA

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

APPROVAL OF MINUTES FROM APRIL 7, 2026

MOTION: Korina Bauer moved, seconded by Leslie Abitz, to approve the minutes of April 7, 2026, as published. Motion carried unanimously.

ADJOURNMENT

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

The meeting adjourned at 11:04 a.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Nilajah Hardin Administrative Rules Coordinator		2) Date when request submitted: 10/08/26 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: 10/20/26	5) Attachments: ☒ Yes ☐ No	6) How should the item be titled on the agenda page? 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. SPS 180.02 - Definitions b. SPS 182.03 - Practice c. SPS 182.03 (5) – Transfer d. Other Proposals from the Department or Committee Members 3. Preliminary Rule Draft: SPS 180 to 183. Relating to Licensed Midwives Comprehensive Review 4. Pending or Possible Rulemaking Projects	
7) Place Item in: ☒ Open Session ☐ Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> ☐ Yes ☒ No		9) Name of Case Advisor(s), if required: N/A
10) Describe the issue and action that should be addressed: Attachments: 1. SPS 180 to 183 Preliminary Rule Draft 2. CPM Scope of Practice Explanation			
11) Authorization Signature of person making this request 10/08/26 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.			

STATE OF WISCONSIN
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	DEPARTMENT OF SAFETY AND
DEPARTMENT OF SAFETY AND	:	PROFESSIONAL SERVICES
PROFESSIONAL SERVICES	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Department of Safety and Professional Services to repeal SPS 182.03 (4) (b) 2. m., (5) (a) 19., (6) (g) 13.; to amend SPS 180.02 (2), 181.01 (1) (intro.), (1) (c) and (d) (Note) and (1m) (Note), 181.01 (4) (a) (intro.), (a) 2. f. (Note) and (b) 4. (Note), 182.01 (Note), 182.02 (1) (b), 182.02 (1) (f) (Note), 182.03 (1) (b), (d), (h), (i), (j), (o), and (q), (2) (a), (g), (h) (Note 1) and (Note 2), (3) (Table), (4) (a), (b), (b) 1. e. and s., (b) 2. e.; (c) (intro.) and (5) (intro.), (6) (g) 4., 5., and 10., 14., and 16., 183.01 (1) (intro.); to repeal and recreate SPS 182.03 (6) (g) 11., 12., and 15., and Chapter 183 Appendix I; and to create SPS 180.02 (8e) and (8m), 181.01 (1) (b) 3., 182.02 (1) (de) and (dm), 182.03 (1m), (2) (dm), (4) (b) 2. o. and 3. g., (5) (a) 21., (c) and (d), relating to Licensed Midwives Comprehensive Review.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 440.984 (1), Stats.

Statutory authority: ss. 440.984 (1) and 227.11 (2) (a); Stats.

Explanation of agency authority:

Section 440.984 (1), Stats., states that “the department shall promulgate rules necessary to administer this subchapter. Except as provided in subs. (2), (2m), and (3) (see below), any rules regarding the practice of midwifery shall be consistent with standards regarding the practice of midwifery established by the National Association of Certified Professional Midwives or a successor organization.”

“(2) The rules shall allow a licensed midwife to administer oxygen during the practice of midwifery.

(2m) The rules shall provide for the granting of temporary permits to practice midwifery pending qualification for licensure.

(3) The rules may allow a midwife to administer, during the practice of midwifery, oxytocin (Pitocin) as a postpartum antihemorrhagic agent, intravenous fluids for stabilization, vitamin K, eye prophylactics, and other drugs or procedures as determined by the department.”

Section 227.11 (2) (a), Stats. provides “[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute...”

Related statute or rule: None.

Plain language analysis:

Summary of, and comparison with, existing or proposed federal regulation: None.

Summary of public comments received on statement of scope and a description of how and to what extent those comments and feedback were taken into account in drafting the proposed rule:

The Department of Safety and Professional Services (DPS) held a public hearing on September 27, 2024, on Scope Statement 090-24. The following people either testified at the hearing, or submitted written comments:

- Korina Bauer, RN, CPM, LM, President, Wisconsin Guild of Midwives (WGOM)

The Department of Safety and Professional Services summarizes the comments received either by hearing testimony or by written submission as follows:

- WGOM commented that they approve of the formation of the DPS Midwife Advisory Committee

DPS did not make any modifications to Scope Statement 090-24 based on public comment.

Comparison with rules in adjacent states:

Illinois: The Illinois Department of Financial and Professional Regulation is responsible for the licensure and regulation of the practice of midwifery in Illinois, with input from the Illinois Midwifery Board. The Illinois Department is also responsible for the promulgation of rules to implement certain sections of the Illinois Licensed Certified Professional Midwife Practice Act. This Act contains requirements for applications, licensure, renewal, informed consent, consultation, referrals, and discipline for licensed certified professional midwives. As outlined in Section 45 of the Act, each applicant for a license must hold a valid professional midwife certification granted by the North American Registry of Midwives, a current cardiopulmonary resuscitation certification, and an active status as a neonatal resuscitation provider. Additionally, each applicant needs to submit proof of successful completion of a postsecondary midwifery education program accredited by the Midwife Education and Accreditation Council, successfully complete a licensure examination from the Illinois Department, and be at least 21 years old [225 Illinois Compiled Statutes ch. 64 s. 45]. In Illinois, a Licensed Certified Professional Midwife may administer oxygen, eye prophylactics, oxytocin, Pitocin, or misoprostol, methylergonovine or methergine, vitamin K, Rho (D) immune globulin, intravenous fluids, antibiotics, ibuprofen and lidocaine, among other drugs via the methods specified in the statute while performing

the practice of midwifery. Additional medications, agents, or current evidence-based obstetric guidelines may be approved by the Illinois Department by rule [Illinois Compiled Statutes ch. 64 s. 70]. A licensed certified professional midwife is prohibited from providing care outside of a hospital to individuals who have had a previous cesarean section [Illinois Compiled Statutes ch. 64 s. 85].

The Illinois Administrative Code further outlines requirements for licensed certified professional midwives. These rules include requirements for continuing education, midwife assistants, recordkeeping, adverse occurrences, and unprofessional conduct, among other topics. The additional medications specified by rule that can be administered by a Licensed Certified Professional Midwife include tranexamic acid, hemabate, penicillin, ampicillin, cefazolin, clindamycin, and acetaminophen [Illinois Administrative Code Title 68 Chapter VII Part 1345].

Iowa: The Iowa Board of Nursing, with input from the Midwifery Advisory Council, is responsible for the licensure and regulation of the practice of midwifery in Iowa. Chapter 148I of the Iowa Code includes statutory requirements for licensure, adoptions of rules, and the composition of the Midwife Advisory Council. An applicant for licensure as a midwife needs to submit evidence of a high school diploma or equivalent, current certification as a Certified Professional Midwife from the North American Registry of Midwives, successful completion of an educational program accredited by the Midwifery Education Accreditation Council, and that they are at least 21 years of age. Additionally, the Iowa Board shall adopt rules to regulate midwifery that are based on the rules of the National Association of Certified Professional Midwives and the North American Registry of Midwives. In Iowa, a licensee may administer oxytocin, misoprostol, methylergonovine, intravenous fluids, vitamin K, antibiotic eye prophylaxis, oxygen, intravenous antibiotics for group B streptococcal prophylaxis, Rho (D) immune globulin, local anesthetic, epinephrine and other drugs consistent with the practice of Midwifery as approved by the Iowa Board [Iowa Code ch. 148I].

The Iowa Administrative Code includes the rules for regulation of midwifery, as well as further requirements for licensed midwives. The rules for midwife practice in Iowa require that each licensee shall comply with the practice standards of the National Association of Certified Professional Midwives. Other areas listed include requirements for delegation, testing and drugs, discipline, and telehealth. The additional drugs specified by rule and approved by the Iowa Board that licensees may administer in Iowa include pyridoxine, terbutaline, and nifedipine [Iowa Administrative Code 655 Ch. 16]. In Iowa, a Certified Professional Midwife must consult with a Licensed Physician or a Certified Nurse Midwife if their client has risk factors, including history of uterine incision [Iowa Administrative Code 655 Ch. 16 s. 16.3 (6) b.]

Michigan: The Michigan Department of Licensing and Regulatory Affairs and the Michigan Board of Licensed Midwifery are responsible for the licensure and regulation of the practice of midwifery in Michigan. Act 368 Article 15 Part 171 of the Michigan Compiled Laws includes the regulations for midwifery in Michigan, among several other occupations. Some of the requirements in this part include those for licensure, renewal, transfer of care, informed consent, and duties of the Michigan Board. Each

applicant for licensure as a midwife needs to have successfully completed an education program accredited by the Midwifery Education and Accreditation Council, have a current credential as a Certified Professional Midwife from the North American Registry of Midwives or an equivalent, and have successfully completed and examination provided by the Michigan Department. The Michigan Department and Board are also responsible for promulgation of rules for midwifery on licensure, continuing education, processes to obtain informed consent, protocols for transfer of care, among other areas [Michigan Compiled Laws ss. 333.17101-333.17123]. The rules also outline requirements for pre-licensure education, consultation, referral, emergency transfer of care, administration of prescription medications, and prohibited conduct. In Michigan, a licensed midwife who has pharmacology training and a standing prescription order from a health professional with prescription authority may administer prophylactic vitamin K, antihemorrhagic agents, local anesthetic, oxygen, prophylactic eye agents, prophylactic Rho (D) immunoglobulin, agents for group B streptococcus prophylaxis, intravenous fluids excluding blood products, antiemetics, and epinephrine via the methods outlined in the rules [Michigan Administrative Rules R 338.17101-338.17141]. A Certified Professional Midwife in Michigan is prohibited from caring for patients with certain risk factors including history of previous uterine rupture [Michigan Administrative Rules R 338.17136].

Minnesota: The Minnesota Board of Medical Practice is responsible for the licensure and regulation of traditional midwifery in Minnesota with input from the Advisory Council of Traditional Midwifery. Chapter 147D of the Minnesota Statutes includes requirements for licensure, practice, informed consent, consultation, discipline, and make-up of the Advisory Council. To qualify for a license in traditional midwifery, each applicant needs to submit a diploma from an approved education program, a copy of a current credential from the North American Registry of Midwives as a Certified Professional Midwife, evidence of current certification in adult and infant cardiopulmonary resuscitation, a medical consultation plan, and documentation of practical experience through an apprenticeship or similar supervised practice setting. In Minnesota, a licensed traditional midwife may obtain and administer vitamin K, RhoGAM treatment, postpartum antihemorrhagic drugs, local anesthetic, oxygen, and prophylactic eye agents [Minnesota Statutes ch. 147D]. A licensed traditional midwife in Minnesota may only provide care to clients who are expected to have a normal pregnancy, labor, and delivery [Minnesota Statutes ch. 147D s. 147D.05 Subd. 1 (a)].

Summary of factual data and analytical methodologies:

The department consulted with the Midwife Advisory Council to review current code, state statute, and industry best practices to determine where rule updates were needed.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The rule will be posted for 14 days on the Department of Safety and Professional Services' website to solicit economic impact comments, including how the proposed rules may affect businesses, local municipalities, and private citizens.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis will be attached upon completion.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

Agency contact person:

Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, P.O. Box 14497, Madison, Wisconsin 53708-0497; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, P.O. Box 14497, Madison, Wisconsin 53708-0497, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing, held on a date to be determined, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. SPS 180.02 (2) is amended to read:

SPS 180.02 (2) "Client" means a ~~woman~~ person who obtains ~~maternity~~ midwifery care provided by a licensed midwife.

SECTION 2. SPS 180.02 (8e) and (8m) are created to read:

SPS 180.02 (8e) "Midwife assistant" means a person who assists the licensed midwife in the practice of midwifery.

(8m) "Pertinent information" means current medical condition of the newborn and the client and all relevant information necessary to provide safe transfer of a client from the care of a licensed midwife to a licensed health care provider at a receiving facility.

SECTION 3. SPS 181.01 (1) (intro.) is amended to read:

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:~~

SECTION 4. SPS 181.01 (1) (b) 3. is created to read:

SPS 181.01 (1) (b) 3. That the applicant holds a valid certified nurse-midwife or midwife credential granted by the American Midwifery Certification Board or a successor organization.

SECTION 5. SPS 181.01 (1) (c), (d) (Note), and (1m) (Note) are amended to read:

SPS 181.01 (1) (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 (1m), 944.31, 944.32, 944.33, 944.34, 948.02, 948.025, 948.051, 948.06, 948.07, 948.072, 948.075, 948.08, 948.081, 948.09, 948.095, 948.10, 948.11, or 948.12, or 948.125, Stats., or under s. 940.302 (2), Stats., if s. 940.302 (2) (a) 1. b., Stats., applies.

(d) (Note) ~~Applications~~ Instructions for 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) (Note) ~~Application forms~~ Instructions for applications are available on the department's website at <https://dsps.wi.gov/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~~ <http://dsps.wi.gov>.

SECTION 6. SPS 181.01 (4) (a) (intro.) is amended to read:

SPS 181.01 (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:~~

SECTION 7. SPS 181.01 (4) (a) 2. f. (Note) and (b) 4. (Note) are amended to read :

SPS 181.04 (a) 2. f. (Note) ~~Applications Instructions for 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>.~~

(b) 4. (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://midwife.org/>.

SECTION 8. SPS 182.01 (Note) is amended to read:

SPS 182.01 (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://nacpm.org/>.

SECTION 9. SPS 182.02 (1) (b) is amended to read

SPS 182.02 (1) (b) Whether the licensed midwife has malpractice liability insurance coverage ~~and~~, the policy limits of the coverage, policy number, and name of entity who issued the policy.

SECTION 10. SPS 182.02 (1) (de) and (dm) are created to read:

SPS 182.02 (1) (de) A protocol for and disclosure of risks associated with breech presentation.

(dm) A protocol for and disclosure of risks associated with pregnancy and birth with two or more fetuses.

SECTION 11. SPS 182.02 (1) (f) (Note) is amended:

SPS 182.02 (1) (f) (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>.~~

SECTION 12. SPS 182.03 (1) (b), (d), (h), (i), (j), (o), and (q) are amended to read :

SPS 182.03 (1) (b) Provide all clients with a plan for 24 hour on-call availability by a licensed midwife, ~~certified nurse midwife~~ licensed advanced practice registered nurse, or licensed physician throughout pregnancy, intrapartum, and 6 weeks postpartum.

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

- (h) Observe ~~mother~~ client and newborn postpartum until stable condition is achieved, but in no event for less than 2 hours after the birth of the placenta.
- (i) Instruct the ~~mother, father~~ client and ~~other~~ their support persons, both verbally and in writing, of the special care and precautions for both ~~mother~~ client and newborn in the immediate postpartum period.
- (j) Reevaluate ~~maternal~~ client and newborn well being in person within 36 hours of delivery.
- (o) Within ~~one week~~ two weeks of delivery, offer a newborn hearing screening to every newborn or refer the parents to a facility with a newborn hearing screening program.
- (q) Maintain adequate antenatal and perinatal records of each client and provide records to consulting licensed physicians and licensed ~~certified nurse midwives~~ advanced practice registered nurses, in accordance with HIPAA regulations.

SECTION 13. SPS 182.03 (1m) is created to read:

- SPS 182.03 (1m) MIDWIFE ASSISTANTS.** (a) A midwife assistant may only assist in the practice of midwifery under the supervision of a licensed midwife.
- (b) A midwife assistant may not perform any independent clinical assessment, decision making, or treatment.
- (c) A midwife assistant shall be trained in the protocols and emergency transport plan of the licensed midwife under whom they are supervised
- (d) A midwife assistant shall maintain certification in cardiopulmonary resuscitation and neonatal resuscitation.
- (e) A midwife assistant is not required to hold a temporary permit under s. SPS 181.01 (4).
- (f) A midwife assistant shall be at least 18 years of age.

SECTION 14. SPS 182.03 (2) (a) is amended to read:

SPS 182.03 (2) (a) Oxygen for the treatment of client or fetal ~~newborn~~ distress.

SECTION 15. SPS 182.03 (2) (dm) is created to read:

SPS 182.03 (2) (dm) Misoprostol, or cytotec, for the prevention and treatment of postpartum hemorrhage.

SECTION 16. SPS 182.03 (2) (g) is amended to read:

SPS 182.03 (2) (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.

SECTION 17. SPS 182.03 (2) (h) (Note 1) and (Note 2) are amended to read:

Phar 182.03 (2) (h) (Note 1) 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 registered nurses, an agent may administer prescription drugs or devices pursuant to written standing orders and protocols.

(Note 2) 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).

SECTION 18. SPS 182.03 (3) (Table) is amended to read:

Medication	Indication	Dose	Route of Administration	Duration of Treatment
Oxygen	Client or Fetal <u>Newborn/Neonatal</u> distress	Maternal: ~~6-8 L/minute~~ Infant: 10-12 ~~L/minute~~ 2-4 ~~L/minute~~ Titrate to client or <u>newborn/neonatal</u> <u>condition</u>	Client: Mask Bag and mask Mask <u>Newborn/</u> <u>Neonate:</u> Oxygen delivery device appropriate to clinical presentatio n	Until ~~delivery or~~ ~~transfer to a hospital~~ ~~is complete~~ 20 minutes or until transfer to a hospital is complete <u>stabilization</u>
0.5% Erythromycin Ophthalmic Ointment Or <u>1% Tetracycline</u> <u>Ophthalmic Ointment</u>	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~~ <u>mL</u>	<u>Prevention and</u> <u>Treatment of</u> Postpartum hemorrhage only	10-20 units, 1-2 ml	Intramuscularly ~~only~~ or <u>Intravenously</u>	1-2 doses
<u>Methyl ergonovine</u> <u>Methylergovine</u> (Methergine) 0.2 mg/ ~~ml~~ <u>mL</u> or 0.2 mg tabs	Postpartum hemorrhage only	0.2 mg	Intramuscularly or <u>Orally</u>	~~Single dose Every~~ ~~6 hours, may repeat 3~~ ~~times~~ ~~Contraindicated in~~ ~~hypertension and~~ ~~Raynaud's Disease~~ <u>1 dose intramuscularly</u> <u>Orally every 6 hours,</u> <u>may repeat 3 times</u>
<u>Misoprostol, (Cytotec) 800</u> <u>mcg or 400-600 mcg</u>	<u>Prevention and</u> <u>Treatment of</u> <u>Postpartum</u> hemorrhage only	<u>800 mcg for treatment</u> <u>or 400-600 mcg for</u> <u>prevention</u>	<u>Sublingually, orally, or</u> <u>rectally</u>	<u>1 dose</u>
Vitamin K 1.0 mg/0.5 ml	Prophylaxis of ~~Hemorrhagic Disease~~ <u>of the Newborn</u> <u>Vitamin K deficiency</u> <u>bleeding</u>	0.5-1.0 mg, 0.25-0.5 ~~ml~~ <u>mL</u>	Intramuscularly	~~Single~~ <u>1</u> dose

RHo (D) Immune Globulin	Prevention of RHo (D) sensitization in RHo (D) negative ~~women clients~~	Unit dose	Intramuscularly ~~only or intravenously~~	~~Single 1~~ dose at any gestation for RHo (D) negative, antibody negative ~~women clients~~ within 72 hours of spontaneous bleeding. ~~Single 1~~ dose at 26-28 weeks gestation for RHo (D) negative, antibody negative ~~women clients~~ and ~~Single 1~~ dose for RHo (D) negative, antibody negative ~~women clients~~ within 72 hours of delivery of RHo (D) positive infant, or infant with unknown blood type
~~5% dextrose in lactated~~ Lactated Ringer's solution (~~DSLR~~), unless unavailable or impractical in which case 0.9% sodium chloride may be administered	To achieve ~~maternal client~~ stabilization during uncontrolled post- partum hemorrhage or anytime blood loss is accompanied by tachycardia, hypotension, decreased level of consciousness, pallor or diaphoresis	~~First liter run in at a wide open rate, the second liter titrated to client's condition~~ Titrate to client condition	IV catheter 18 gauge or greater (2 if hemorrhage is severe) <u>Intravenously</u>	Until ~~maternal client~~ stabilization is achieved or transfer to a hospital is complete

SECTION 19. SPS 182.03 (4) (a), (b), (b) 1. e. and s. are amended to read:

SPS 182.03 (4) (a) A licensed midwife shall consult with a licensed physician, licensed physician assistant, or a licensed advanced practice registered 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.

(b) (intro.) A licensed midwife shall consult with a licensed physician, licensed physician assistant, or licensed advanced practice registered ~~certified~~ 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. e.** Rupture of membranes prior to the ~~37th~~36th completed week of gestation.
- s.** Labor prior to the ~~37th~~36th completed week of gestation.

SECTION 20. SPS 182.03 (4) (b) 2. e. is amended to read:

SPS 182.03 (4) (b) 2. e. Ruptured membranes without onset of established labor after ~~18~~24 hours.

SECTION 21. SPS 182.03 (4) (b) 2. m. is repealed.

SECTION 22. SPS 182.03 (4) (b) 2. o. and 3. g. are created to read:

SPS 182.03 (4) (b) 2. o. Failure to deliver placenta after one hour if there is no bleeding and fundus is firm.

3. g. Hypertensive blood pressure or symptoms of postpartum preeclampsia.

SECTION 23. SPS 182.03 (4) (c) (intro.) and (5) (intro.) are amended to read:

SPS 182.03 (4) (c) A licensed midwife shall consult with a licensed physician, licensed physician assistant, or licensed-certified nurse-midwife advanced practice registered nurse with regard to any **neonate-newborn** who is born with or develops the following risk factors:

(5) TRANSFER. (a) All transfers, whether emergent in nature or not, shall include a verbal or face-to-face hand-off between the licensed midwife and an appropriate licensed healthcare provider of the receiving facility whenever possible. 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:

SECTION 24. SPS 182.03 (5) (a) 19. is repealed.

SECTION 25. SPS 182.03 (5) (a) 21. is created to read:

SPS 182.03 (5) (a) 21. Thick meconium in the absence of breech presentation or frank bleeding with birth not imminent.

SECTION 26. SPS 182.03 (5) (c) and (d) are created to read:

SPS 182.03 (5) (c) The licensed midwife's emergency transfer plan required under par. (a) shall at a minimum include all of the following:

1. Be in writing, dated, and signed by the licensed midwife and the client.
2. The licensed midwife is responsible for determining when to call for emergency medical services.
3. Notification to the client that a private transport vehicle may be used in lieu of an ambulance or other emergency medical transport.
4. An estimate of how much time it will take for the transport vehicle to arrive at the receiving facility.
5. Each patient shall acknowledge receipt of a copy of the emergency plan.

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

SECTION 27. SPS 182.03 (6) (g) 4., 5., and 10. are amended to read:

SPS 182.03 (6) (g) 4. Insulin requiring diabetes mellitus or uncontrolled gestational diabetes or type 2 diabetes mellitus.

5. Known ~~maternal client~~ congenital ~~abnormalities~~ conditions affecting childbirth.

10. Pelvic or uterine ~~abnormalities~~ conditions affecting normal vaginal births, including tumors and malformations.

SECTION 28. SPS 182.03 (6) (g) 11. and 12. are repealed and recreated to read:

SPS 182.03 (6) (g) 11. Alcohol use disorder.

12. Substance use disorder.

SECTION 29. SPS 182.03 (6) (g) 13. is repealed.

SECTION 30. SPS 182.03 (6) (g) 14. is amended to read:

SPS 182.03 (6) (g) 14. Uncontrolled current serious ~~psychiatric illness~~ mental disorder.

SECTION 31. SPS 182.03 (6) (g) 15. is repealed and recreated to read:

SPS 182.03 (6) (g) 15. Conditions considered by the licensed midwife to be unsafe for the client, the fetus, or the midwife.

SECTION 32. SPS 182.03 (6) (g) 16. is amended to read:

SPS 182.03 (6) (g) 16. Fetus with suspected or diagnosed congenital ~~abnormalities~~ disorders that may require immediate medical intervention.

SECTION 33. SPS 183.01 (1) (intro.) is amended to read:

SPS 183.01 (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, but is not limited to, the following:

SECTION 34. Chapter 183 Appendix I is repealed and recreated to read:

Chapter SPS 183
APPENDIX I

STANDARDS OF PRACTICE OF THE NATIONAL ASSOCIATION OF
CERTIFIED PROFESSIONAL MIDWIVES

DRAFT

Certified Professional Midwives (CPMs)

Standards for Practice as a Certified Professional Midwife

The National Association of Certified Professional Midwives (NACPM) affirms that CPMs practice in accordance with the standards detailed below. Certified Professional Midwives (CPM) are accountable to the clients they serve, to themselves, and to the profession of community midwifery. The CPM Standards of Practice provide a tool for measuring actual scope of practice and appropriate usage of the body of knowledge of midwifery.

Standard One: WORKING IN PARTNERSHIP WITH CLIENTS

Key Responsibilities and Principles

These principles underscore the commitment of Certified Professional Midwives to providing comprehensive, client-centered care.

- **Personalized Care:** Delivering experienced care, respect, counsel, and support tailored to each client.
- **Transparency:** Openly sharing CPM philosophy, professional standards, personal scope of practice, expertise, and regulatory or legal limitations.
- **Art and Science:** Recognizing that CPM care is a synthesis of knowledge, skills, intuition, and clinical judgment.
- **Client Autonomy:** Recognizing clients' responsibility for their own health and well-being.
- **Informed Decision Making:** Respecting and accepting a clients' right to make informed decisions about their reproductive healthcare, pregnancy, and birthing experience.
- **Collaborative Approach:** Negotiating caregiver roles with clients, defining mutual and individual responsibilities in decision-making.
- **Clear Financial Communication:** Providing a detailed outline of service fees and refund policies.
- **Open Communication:** Engaging in open, interactive communication with clients and their support networks, respecting client preferences.
- **Holistic Support:** Assessing holistic aspects of health including social determinants of health, psychological, physical, emotional, spiritual, and cultural needs of each client.
- **Value Neutrality:** Avoiding the imposition of personal values on clients.

- **Client Feedback:** Actively soliciting and respecting clients' perspectives on their health.
- **Respecting Relationships:** Valuing the significance of others in the client's life.

Standard Two: •

GROUNDING CARE IN THE FOUNDATIONS OF NORMAL PHYSIOLOGIC BIRTH

Core Beliefs Guiding Pregnancy and Birth Practice

These principles ground Certified Professional Midwifery in a shared philosophy that honors birth, safeguards the birthing dyad, and respects normal physiological birth.

- **Protecting the Birthing Dyad:** Safeguarding the inseparable and interdependent relationship between the client and infant.
- **Respecting Pregnancy and Birth:** Honoring the mystery, sanctity, and growth potential inherent in pregnancy and birth experiences.
- **Birth as a Pivotal Event:** Understanding birth as a critical life event and aiming to support, empower, and preserve the natural process of birth for the client, infant, and family.
- **Embodied Reproductive Experience:** Respecting the biological aspects of pregnancy and birth as integral to human sexuality.

Standard Three: PROVIDING INDIVIDUALIZED CARE

Optimizing Well-Being and Minimizing Risk

These points encapsulate the dedication of Certified Professional Midwives to holistic, evidence-based, and collaborative care.

- **Self-Care:** Encouraging clients to maintain personal health and well-being to optimize caregiving capabilities.
- **Natural Process Advocacy:** Supporting the natural progression of reproductive health and aging.
- **Continuous Care:** Providing consistent care to maintain the integrity of each client's care experience.
- **Comprehensive Skills:** Bringing a wide range of skills and services to each client's care.
- **Minimizing Interventions:** Striving to reduce technological interventions, basing recommendations on empirical research and ensuring benefits outweigh risks.
- **Emergency Competency:** Demonstrating skill in handling emergencies and prioritizing life-threatening situations.
- **Medical Consultation Awareness:** Acknowledging the occasional need for medical consultation or collaboration for the client or infant.
- **Collaborative Network:** Recognizing that optimal reproductive healthcare occurs within a network of collaborative care providers for services beyond the Certified Professional Midwifery scope including professional referrals to specialized healthcare professionals when care exceeds the CPM's scope or personal expertise.

- **Valuing Collaborative Expertise:** Appreciating the expertise of collaborative care providers and ensuring timely transfer of care when necessary.

Standard Four: SUPPORTING CLIENT CARE AUTONOMY

Communication and Decision-Making

These guidelines reflect the commitment of Certified Professional Midwives to effective communication, informed decision-making, and responsible care management.

- **Clear Communication:** Sharing information in language that is understandable to the client.
- **Information Support:** Assisting the client in accessing current, accurate, and diverse sources for informed decision-making.
- **Exploring Options:** Reviewing options with the client and addressing all questions and concerns.
- **Respect for Choices:** Respecting clients' right to informed choice for treatments or procedures and documenting their choices.
- **Collaborative Care Planning:** Developing and documenting the care plan in partnership with the client.
- **Professional Judgment:** Clearly stating and documenting any professional judgment conflicts with the client's decisions or plans.
- **Scope of Practice:** Clearly stating and documenting when a client's choices fall outside the CPMs professional or legal scope of practice and/or personal expertise.
- **Facilitating Referrals:** Facilitating referrals and record transfers to other professionals if the care requested is deemed unsafe or outside the CPM's expertise.
- **Emergency Transfers:** Safeguarding the right to transfer care in critical situations, using expert judgment in situations that are no longer considered low-risk.
- **Emergency Support:** Staying with the client during emergency transports until care is officially transferred.

Standard Five: CONCLUSION OF CARE

Compassionate Ending of the Partnership

These points highlight the commitment of Certified Professional Midwives to comprehensive postnatal care and sustained client support.

- **Partnership Duration:** Maintaining the midwifery relationship through open and ongoing communication that prioritizes safety, clarity, and mutual respect until either the client or the CPM elects to end the partnership.
- **Client Education:** Ensuring clients are educated on self-care and infant care before concluding CPM care, including their chosen feeding method.
- **Reflection:** Providing opportunities for clients to reflect on and discuss their

- midwifery experiences and the CPMs care.
- **Community Support Referrals:** Informing clients and their support network about available community resources and making appropriate referrals.

Standard Six: COMPREHENSIVE DOCUMENTATION AND DATA COLLECTION

Record-Keeping and Confidentiality

These guidelines underscore the importance of thorough, confidential, and client-centered record-keeping in Certified Professional Midwifery practice.

- **Record Maintenance:** Maintaining legible records for each client from the first contact through the entire caregiving relationship.
- **Authentication and Integrity:** Ensuring that all entries are initialed/signed, accurately documented, dated, and reflect the integrity of the original record, protecting against unauthorized alterations or errors.
- **Privacy and Confidentiality Protections:** Ensuring that all client information, including medical and midwifery records, is protected from unauthorized access, use, or disclosure, without client permission, except when required by law.
- **Record Updates:** Regularly reviewing and updating records at each professional interaction with the client.
- **Individualized Documentation:** Documenting the unique aspects of each client's care in assessments and records.
- **Clinical Assessment Basis:** Using clinical assessments as the foundation for ongoing CPM care.
- **Detailed Documentation:** Clearly documenting objective findings, decisions made, and professional actions taken.
- **Informed Choice Documentation:** Recording the client's decisions regarding care choices, including provided information and the client's informed choice.
- **Record Accessibility:** Ensuring records and relevant information are always accessible to the client and other authorized individuals, with the client's knowledge and consent.
- **Client Access and Rights:** Ensuring clients have the right to access their records, request corrections, and receive copies of their information in a timely and secure manner.
- **Legal Document Filing:** Appropriately filing and handling legal documents related to care.
- **Secure Handling of Electronic Records:** Implementing appropriate safeguards to protect electronic records, including encryption, secure storage, and restricted access to authorized personnel.
- **Breach Response and Notification:** Establishing protocols for responding to potential breaches of client information, including notifying

- affected individuals and taking corrective action to prevent future occurrences.
- **Informed Authorization for Disclosure:** Requiring client authorization before sharing information with third parties, except when disclosure is necessary for care, payment, or healthcare operations, or as required by law.
- **Ongoing Staff Training and Compliance:** Providing regular training to staff and students on confidentiality, privacy standards, and proper record-keeping practices to maintain compliance with applicable regulations.
- **Retention and Secure Disposal:** Retaining records for the required period and ensuring secure and appropriate disposal of records when retention is no longer necessary.

Standard Seven: PROVIDING EVIDENCE-BASED CARE

Practice Evaluation and Improvement

These points emphasize the importance of continuous learning, client engagement, and research in advancing and refining the practice of Certified Professional Midwives.

- **Advocating Out-of-Hospital Birth:** Understanding research that supports the safety and rationality of community birth settings for healthy individuals and the empowerment it offers clients.
- **Research Engagement:** Identifying areas for research, conducting or collaborating in studies, and sharing findings.
- **Research Integration:** Incorporating relevant research findings into CPM practice.
- **Historical Knowledge:** Understanding the history of midwifery in the United States.
- **Policy Awareness:** Acknowledging the impact of social policies on client, infant, and family health and influencing such policies as appropriate.

Standard Eight: QUALITY IMPROVEMENT AND ACCOUNTABILITY

Excellence Through Reflection, Evaluation, and Responsiveness

These principles promote a culture of accountability, responsiveness, and continuous quality improvement in Certified Professional Midwifery care.

- **Client Feedback:** Involving clients continuously in evaluating their practice and using feedback for improvement.
- **Data Utilization:** Collecting practice statistics and using this data to enhance practice quality.
- **Complaints and Review Process:** Informing each client about complaint mechanisms and review processes, including NARM's peer review and grievance procedures.
- **Continual Learning:** Participating in ongoing midwifery education and peer review to maintain and improve skills.

Standard Nine: SUSTAINABILITY OF THE CREDENTIALLED MIDWIFE

Sustaining the Capacity to Practice and Grow

These principles support the long-term sustainability of Certified Professional Midwives, contributing to workforce retention, professional well-being, and the continued strength of the credential.

- **Tending to Holistic Self:** Committing to the physical, emotional, intellectual, cultural, and spiritual aspects of self as part of professional sustainability.
- **Self-Care:** Prioritizing personal health and well-being as essential to the ability to provide safe, responsive, and consistent care.
- **Mental Health:** Attending to mental and emotional wellness as part of the ongoing capacity to care for others.
- **Caring for Support Systems:** Recognizing and nurturing the relationships and structures that sustain the midwife in practice, including family, colleagues, and community.
- **Peer Support and Feedback:** Engaging in peer relationships that offer accountability, mentorship, and mutual support for growth and quality improvement.
- **Personalized Scope:** Practicing within one's individual scope of expertise, training, and legal authority, while seeking growth through continued education and reflection.
- **Boundary Setting:** Establishing and maintaining professional boundaries to prevent burnout and foster long-term engagement in midwifery work.
- **Entrepreneurship and Leadership:** Cultivating business, administrative, and leadership skills to support the growth of sustainable, community-rooted CPM practices.
- **Financial Literacy:** Developing financial awareness and skills to support the sustainability of independent practice and personal economic well-being.

Standard Ten: WORKING IN PRECEPTORSHIP WITH STUDENTS

Upholding Educational Integrity and Mentorship in Clinical Training

These principles affirm the vital role Certified Professional Midwives play in cultivating the next generation of midwives through ethical, skilled, and reflective preceptorship.

- **Contractual Clarity:** Developing and maintaining clear, signed preceptor/student agreements that outline expectations, responsibilities, and scope of learning.
- **Ethical Responsibility:** Modeling legal and ethical practices in alignment with FERPA, HIPAA, copyright law, and anti-harassment protections.
- **Teaching Foundations:** Applying principles of adult teaching and learning across clinical, virtual, and classroom settings, while supporting diverse learning styles.
- **Cultural Humility in Professional Practice:** Demonstrating and cultivating

inclusivity, anti-racism, an awareness of systemic inequities, and the guiding principles of cultural humility including reflection, respect, regard, relevance, and resilience in midwifery education and practice.

- **Curriculum Development:** Creating or adapting learning materials, and utilizing appropriate educational technologies to support student engagement and comprehension.
- **Assessment and Feedback:** Using competency-based educational principles and best practices in student assessment to provide timely, constructive feedback and support growth.
- **Mentorship and Modeling:** Embodying the mission, values, and educational philosophy of midwifery programs while serving as a mentor, role model, and clinical guide.
- **Student Safety and Boundaries:** Setting clear policies to ensure respectful, inclusive, and safe learning environments, with appropriate boundaries and protections.
- **Collaborative Supervision:** Delegating and supervising tasks appropriately based on the student's level of training, program guidelines, and client safety.
- **Ongoing Reflection:** Engaging in regular self-evaluation, peer feedback, and refinement of preceptor practice to maintain high standards in teaching and supervision.
- **Resource Evaluation:** Periodically reviewing and updating educational materials and student resources to ensure quality, relevance, and accessibility.
- **Provision of Rest:** Honoring the physical, emotional, and cognitive demands of both clinical education and practice by supporting sustainable schedules that promote intentional rest and recovery for both students and preceptors.

Citations

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Standards for Practice as a Certified Professional Midwife was voted on by the NACPM membership on September 7, 2025.

MLA Citation: National Association of Certified Professional Midwives. *Standards for Practice as a Certified Professional Midwifery*. 7 Oct. 2025.

APA Citation: National Association of Certified Professional Midwives. (2025, October 7). *Standards for practice as a Certified Professional Midwifery*.

SECTION 35. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

DRAFT

Scope of Certified Professional Midwives

Certified Professional Midwives' practice of midwifery embodies the definition of high-quality primary care offering whole-person, integrated, accessible, and equitable health care during the prenatal, intrapartum, and postpartum periods. CPMs provide gynecological, sexual, and reproductive care including family planning, well-person, and preconception. This independent, autonomous work may be accomplished as part of an interprofessional team of healthcare providers. CPMs are accountable for addressing the majority of an individual's health and wellness needs across settings. The scope and care emphasizes sustained relationships with patients, families, and community partners.

Certified Professional Midwives initiate and complete ongoing comprehensive wellness and risk assessment, health screenings, diagnosis, treatment, and care management. This care includes holistic health promotion, disease prevention, individualized wellness education, and counseling.

As independent, autonomous healthcare providers this care is given from adolescence throughout the lifespan as well as care for the healthy newborn during the first six weeks of life.¹²

Introduction

In the United States, the scope of for healthcare providers is established through an accredited review and revision process. This process relies on a formal job analysis to define the required competencies, standards, and minimum educational qualifications for the profession. These definitions ensure that educational programs are aligned with the foundational requirements of practice. The resulting scope of practice is determined by a combination of what the entry-level CPM competencies are, what is permitted by law, and what is authorized by employers. These factors are further shaped by complex layers of policy, professional dynamics, and historical precedent.

¹ For more detailed information on explanations of how this scope of the credential translates into practical clinical assessments, examination, education, diagnoses, and treatment plans see [Foundational Derivation and Explanation of the CPMs Scope](#).

² Institute of Medicine (US) Committee on the Future of Primary Care; Donaldson MS, Yordy KD, Lohr KN, et al., editors. Primary Care: America's Health in a New Era. Washington (DC): National Academies Press (US); 1996. 2, Defining Primary Care. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK232631/>

CPM Scope Framework and Alignment

The Scope of Certified Professional Midwives is aligned with the CPM Core Competencies and informed by the CPM Standards of Practice³. The CPM Core Competencies define the fundamental knowledge, skills, and professional behaviors required for midwives entering practice as Certified Professional Midwives (CPMs) as well as the competencies for full CPM practice. These competencies are organized into five key categories that include didactic education and clinical training necessary to establish the entry-level CPM competencies as well as the competencies for full scope of the CPM credential.

Built in alignment with the International Confederation of Midwives (ICM) Essential Competencies, the CPM Core Competencies outline the key knowledge, skills, and professional abilities that ensure CPMs are recognized as part of the global midwifery workforce and equipped with the skills necessary to provide high-quality, evidence-informed, and culturally responsive care. By aligning with ICM competencies the profession's credibility, portability, and standing within national and international maternal health systems is reinforced.

The CPM Core Competencies serve as a foundation for state, regional, and national clinical practice guidelines and are aligned with the profession's core documents and position statements, ensuring consistency in professional expectations, regulatory frameworks, and midwifery education standards.

The Scope of Certified Professional Midwives defines the broadest range of skills and responsibilities that CPMs perform. However, while CPMs are ideally regulated to this full scope, many states impose restrictions on their practice. The CPM Scope of Practice is determined at the state level through legal statutes and regulations.

Summary of Expanding Beyond Entry-Level Experience and Education

It is important to recognize that completing an educational pathway and obtaining CPM certification through NARM ensures training in the full set of *entry-level* competencies and requirements. Entry-level certification does not encompass the full scope of the CPM credential. Practicing to the full extent of the CPM scope of credential will require additional experience and training and the integration of optional competencies outlined in the CPM Core Competencies. These can be acquired through one of the following pathways:

³ National Association of Certified Professional Midwives. *Standards for Practice as a Certified Professional Midwife*. Revised July 2025.

1. **The Bridge Certificate** – This certification verifies that a CPM has met specific expanded core competencies, extending their knowledge, skills, and abilities beyond the entry-level scope.
2. **State-Specific Requirements** – Some states expand the entry-level competencies for CPMs to align with their regulatory and quality assurance standards. These additional required competencies are published by the state, typically within the regulatory code.
3. **Education and Experience Beyond Entry Level** - Expanded competencies gained through additional required MEAC competencies or through continuing education.

More information on this can be found in [*Expanding CPM Practice and Skills Beyond Entry-Level*](#).

Foundational Derivation and Explanation of the CPMs Scope

Philosophical Grounding

CPMs prioritize continuity of care in individual practice or small group care that centers the client in all aspects of decision-making and maintain an integrated understanding of the client and family's needs, challenges, and goals by utilizing midwifery knowledge and skills, critical thinking, intuition, and the process of informed consent, refusal, and shared decision-making.⁴

Certified Professional Midwives (CPMs) are independent, autonomous primary healthcare providers who deliver a broad spectrum of client⁵ centered reproductive, sexual healthcare, and education to clients across the lifespan. These healthcare providers uphold the sanctity and transformative potential of relationship with one's body throughout the lifespan including but not limited to pregnancy and birth, safeguarding the intertwined bond between the client and infant while honoring the physiological birth process. CPMs cultivate collaborative partnerships with clients by providing clear, transparent information about midwifery philosophy, professional standards, scope of the credential, and legal limitation while empowering them to make informed and shared decisions about their care.

CPMs provide integrated holistic care and complementary health modalities. Their practice emphasizes health promotion and increased health literacy, disease

⁴ American College of Nurse-Midwives. Definition of midwifery and scope of practice of certified nurse-midwives and certified midwives. American College of Nurse-Midwives. Published December 2011. Updated December 2021. Accessed April 1, 2022.

⁵ NOTE: CPMs use the term client rather than patient as fitting with the profession's model and philosophy.

prevention, risk assessment, and personalized educational and counseling initiatives for clients and their support networks tailored to individual healthcare needs. CPMs respect clients' autonomy by ensuring access to accurate, evidence informed, diverse information, honoring their right to decline treatments, and developing a care plan that reflects the client's informed choices and the midwife's professional judgment. CPMs incorporate principles of human rights and professional ethics by complying with HIPAA Privacy and Security standards, participating in peer review, and informing clients of applicable laws, rules, and regulations during the informed decision making process. These services are collaboratively delivered with clients and families across various care settings.

Education

CPM qualification requires a rigorous, specialized education in community settings, in which candidates develop competency in risk assessment and the skilled support of normal physiological processes in reproductive health care. The credential is distinctive in its emphasis on care provided in community settings. To be eligible for the Certified Professional Midwife examination administered by the North American Registry of Midwives (NARM), candidates must demonstrate didactic and practical knowledge, clinical skills, and abilities as defined by MEAC and NARM. There are a variety of pathways to achieving the CPM credential. Eligibility routes include academic programs accredited and pre-accredited by the Midwifery Education Accreditation Council (MEAC), the American Midwifery Certification Board (AMCB), completion of a Portfolio Evaluation Process either through North American Registry of Midwives (NARM), or a state sanctioned portfolio pathway, as well as international equivalency. Each of these rigorous educational pathways are aligned with the ICM essential competencies.

CPMs acquire, maintain, and expand the necessary knowledge and skills pertinent to full scope CPM practice derived from a variety of fields including, but not limited to, human anatomy and physiology, traditional medicine and midwifery practices, history of midwifery, obstetrics and gynecology, neonatology, genetics, embryology and fetal development, pharmacotherapeutics, nutritional sciences, naturopathy, social sciences, ethics, critical thinking, research and epidemiology, emergency care, communication, counseling, and education.

Clinical Experience

All CPMs undertake a clinical apprenticeship of at least two years under a qualified preceptor, often extending between three to five years. The curriculum is designed to equip learners with the necessary perinatal and reproductive health knowledge and

skills to meet NARMs essential competencies. It encompasses professional, cultural, and healthcare competencies critical for effective practice. The curriculum provides comprehensive training in reproductive and general health assessments, including the ability to perform screenings, detailed evaluations, and accurately interpret findings. It prepares learners to deliver a full spectrum of care across the lifespan, including reproductive health, sexually transmitted infection treatment, family planning, newborn care through the first six weeks of life, preconception care, interpregnancy care, prenatal, intrapartum, and postpartum care services. Additionally, the curriculum emphasizes the development of clinical judgment and decision-making skills unique to community birth, enabling learners to conduct thorough physical and psychological health examinations, formulate accurate diagnoses, and create effective care plans.

Examination Requirements

To earn the CPM designation, candidates must exhibit mastery in all requisite knowledge, demonstrate an in-depth understanding of the educational components through evaluation of their skills and abilities, and successfully pass the national certification exam by the North American Registry of Midwives (NARM), which is accredited by the National Commission for Certifying Agencies (NCCA), a part of the Institute for Credentialing Excellence to receive the professional designation of CPM.

Practice Requirements

Upon earning their credential as CPMs these providers must practice in accordance with the professional Standards for Practice as Certified Professional Midwives⁶. CPMs provide care in various settings in accordance with the Midwives Model of Care⁷. CPMs acknowledge a client's body autonomy, the right to choose where and with whom they birth⁸ while recognizing that they also have a professional responsibility to discuss access to healthcare systems integration and legal limitations of their care. Additionally, CPMs have personal responsibility to work within the scope of their knowledge, skills, and abilities, as well as their values, assessments, and preferences.

Clinical Management and Responsibilities

CPMs engage in comprehensive assessment, physical and psychological health examinations, provide extensive health education, formulate diagnoses, and develop care plans. They offer care to all people seeking midwifery services, in whole or part,

⁶National Association of Certified Professional Midwives. *Standards for Practice as a Certified Professional Midwifery*. 7 Oct. 2025.

⁷ Midwifery Task Force. The Midwives Model of Care™. Midwifery Task Force, 1996.

⁸ Scrimshaw, S. C., & Backes, E. P. (Eds.). (2020). *Birth Settings in America*. National Academies Press. <https://doi.org/10.17226/25636>

depending on a client's health. Services include but are not limited to: reproductive health and wellness across the life span, diagnosis and treatment of sexually transmitted infections (STI's) including expedited partner therapy, cervical and breast/chest cancer prevention and screening, family planning, contraceptive counseling, preconception care and fertility support, prenatal, intrapartum, and postpartum care services, newborn care through first six weeks of life, and continuity of support between pregnancies.

CPMs are independent providers whose scope includes the autonomous provision of care. They facilitate relationships with other healthcare providers in order to collaborate, when necessary, as part of a healthcare team, utilizing a network of specialties to optimize outcomes and experiences for their clients as indicated.⁹ CPMs provide perinatal care that may involve situations requiring emergency care or transfers. This possibility is planned for and discussed with clients early in the normal course of their care. In emergency situations CPMs remain with the client until care is transferred, ensuring continuity and facilitating the safe transition of care with appropriate documentation and communication with a plan for follow-up care as deemed appropriate by the midwife, desired by the client, and required by law.

Clinical responsibilities include performing physical assessments, diagnosing, administering medications, including contraceptives, admitting and discharging clients, ordering and interpreting laboratory, diagnostic tests, and screenings, and managing the utilization of medical devices. For the safe integration of CPMs prescribing and administering medication refer to the Scope Specific Prescriptive Authority.

CPMs may continue to provide well person care or conclude care by providing clients with education and resources on self-care and infant care, parenting, family planning; facilitate reflection on the birth experience, and connection with relevant community resources for ongoing support as appropriate to the client's individual circumstances.

Evidence for CPM Care and Integration

A strong body of national and international evidence demonstrates the safety of community birth indicating that it is as safe as hospital births for low-risk parents. However, lack of integration with regional health systems can compromise outcomes, particularly for newborns. Evidence indicates that CPMs who work within regulated, integrated health systems likely have equal neonatal risk to that of hospital deliveries.

⁹ American College of Nurse-Midwives. [Definition of Midwifery and Scope of Practice of Certified Nurse-Midwives and Certified Midwives](#). Scope of Practice Taskforce, approved by ACNM Board of Directors, Dec. 2011, updated Feb. 2012, Dec. 2021.

Factors that promote integration include (1) licensure and appropriate regulation, (2) ease of access to consultation (3) robust mechanisms for seamless transfer, (4) integration of CPMs across care settings.¹⁰

CPMs focus on improved collaboration, integration, licensure, and regulation of birth outcomes in community settings.

The Scope of the Certified Professional Midwives Credential was approved by the NACPM Board of Directors on September 9, 2025 with a title change July 9, 2026.

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¹⁰ National Academies of Sciences, Engineering, and Medicine. (2020). *Birth settings in America: Outcomes, quality, access, and choice*. The National Academies Press. <https://doi.org/10.17226/25636>