



California Licensed Midwives' Standard of Care

March 9, 2006

Regulatory language as accepted by OAL

MIDWIFERY STANDARDS OF CARE

∞ The California licensed midwife is a professional health care practitioner who offers primary care to healthy women and their normal unborn and newborn babies throughout normal pregnancy, labor, birth, postpartum, the neonatal and inter-conceptual periods.

I. Purpose, Definitions & General Provisions:

A. This document provides a framework to identify the professional responsibilities of licensed midwives and permit an individual midwife's practice to be rationally evaluated, to ensure that it is safe, ethical and consistent with the professional practice of licensed midwifery in California. However, this standard of care document is not intended to replace the clinical judgment of the licensed midwife.

Sources and documentation used to define and judge professional practice include but are not limited to the following:

1. The international definition of a midwife and the midwifery scope of practice
2. Customary definitions of the midwifery model of care by state and national midwifery organizations, including the Licensed Midwifery Practice Act of 1993 and all its amendments
3. Standards of practice for community midwives as published by state and national midwifery organizations
4. Philosophy of care, code of ethics, and informed consent policies as published by state and national midwifery organizations
5. Educational competencies published by state and national direct-entry midwifery organizations

B. The California licensed midwife shall maintain all requirements of state and, where applicable, national certification, while keeping current with evidence-based and ethical midwifery practice in accordance with:

1. The body of professional knowledge, clinical skills, and clinical judgments described in the **Midwives Alliance of North America (MANA) Core Competencies for Basic Midwifery Practice**

2. The statutory requirements as set forth in the **Licensed Midwifery Practice Act of 1993**, all amendments to LMPA and the Health and Safety Code on birth registration
3. The generally accepted guidelines for community-based midwifery practice as published by state and national direct-entry midwifery organizations

C. The California licensed midwife provides care in private offices, physician offices, clinics, client homes, maternity homes, birth centers and hospitals. The licensed midwife provides well-women health services and maternity care to essentially healthy women who are experiencing a normal pregnancy. An essentially healthy woman is without serious pre-existing medical or mental conditions affecting major body organs, biological systems or competent mental function. An essentially normal pregnancy is without serious medical complications affecting either mother or fetus.

D. The California licensed midwife provides the necessary supervision, care and advice to women prior to and during pregnancy, labor and the postpartum period, conducts deliveries and cares for the newborn infant during the postnatal period. This includes preventative measures, protocols for variations and deviations from norm, detection of complications in the mother and child, the procurement of medical assistance when necessary and the execution of emergency measures in the absence of medical help.

E. The California licensed midwife's fundamental accountability is to the women in her care. This includes a responsibility to uphold professional standards and avoid compromise based on personal or institutional expediency.

F. The California licensed midwife is also accountable to peers, the regulatory body and to the public for safe, competent, ethical practice. It is the responsibility of the licensed midwife to incorporate ongoing evaluation of her practice, including formal or informal sources of community input. This includes but is not limited to the licensed midwife's participation in the peer review process and any required mortality and morbidity reporting. The results of these individual evaluations can be distributed to influence professional policy development, education, and practice.

G. The California licensed midwife is responsible to the client, the community and the midwifery profession for evidence-based practice. This includes but is not limited to continuing education and on-going evaluation and application of new information and improved practices as recommended in the scientific literature. It may also include developing and dispersing midwifery knowledge and participating in research regarding midwifery outcomes.

H. The California licensed midwife shall use evidence-based policies and practice guidelines for the management of routine care and unusual circumstances by establishing, reviewing, updating, and adhering to individualized practice policies, guidelines and protocols. This shall be appropriate to the specific setting for a client's labor and birth and geographical characteristics of the licensed midwife's practice. Practice-specific guidelines and protocols are customarily implemented through standard or customized chart forms, informed consent and informed refusal documents and treatment waivers, other formal and informal documents used routinely for each area of

clinical practice, including but not limited to the antepartum, intrapartum, postpartum, newborn periods and inter-conceptual period.

I. The licensed midwife's policies, guidelines and protocols shall be consistent with standard midwifery management as described in standard midwifery textbooks or a combination of standard textbooks and references, including research published in peer-review journals. Any textbook or reference which is also an approved textbook or reference for a midwifery educational program or school shall be considered an acceptable textbook or reference for use in developing a midwife's individual policies and practice guidelines. When appropriate or requested, citations of scientific source should be made available for client review.

J. The licensed midwife may expand her skill level beyond the core competencies of her training program by incorporating new procedures into the individual midwife's practice that improve care for women and their families. It is the responsibility of the licensed midwife to:

1. Identify the need for a new procedure by taking into consideration consumer demand, standards for safe practice, and availability of other qualified personnel
2. Ensure that there are no institutional, state, federal statutes or regulations that would constrain the midwife from incorporation of the procedure into her practice.
3. Be able to demonstrate knowledge and competency, including:
 - a) Knowledge of risks, benefits, and client selection criteria.
 - b) Having a process for acquisition of required skills.
 - c) Identifying and managing complications
 - d) Employing a process to evaluate outcomes and maintain professional competency
4. Identify a mechanism to obtaining medical consultation, collaboration, and referral related to each new procedure.

II. A brief overview of the licensed midwife's duties and specific responsibilities to childbearing women and their unborn and newborn babies

A. The California licensed midwife engages in an ongoing process of risk assessment that begins with the initial consultation and continues through out the provision of care. This includes continuously assessing for normalcy and, if necessary, initiating appropriate interventions including consultation, referral, transfer, first-responder emergency care and/or emergency transport.

B. Within the midwifery model of care, the licensed midwife's duties to mother and baby shall include the following individualized forms of maternity care:

1. Antepartum care and education, preparation for childbirth, breastfeeding and parenthood
2. Risk assessment, risk prevention and risk reduction

3. Identifying and assessing variations and deviations from normal and detection of abnormal conditions and subsequently communicating that information to the childbearing women and, when appropriate, to other health care providers and emergency responders.
4. Maintaining an individual plan for consultation, referral, transfer of care and emergencies
5. Evidence-based physiological management to facilitate spontaneous progress in labor and normal vaginal birth while minimizing the need for medical interventions
6. Procurement of medical assistance when indicated
7. Execution of appropriate emergency measures in the absence of medical help
8. Postpartum care to mother and baby, including counseling and education
9. Maintain up-to-date knowledge in evidence-based practice and proficiency in life-saving measures by regular review and practice
10. Maintenance of all necessary equipment and supplies, preparation of documents including educational handouts, charts, informed consent & informed refusal documents and treatment waivers, birth registration forms, newborn screening, practice policies, guidelines, protocols, M&M reports, and annual statistics as required.

III. STANDARDS OF PRACTICE FOR COMMUNITY-BASED MIDWIFERY

STANDARD ONE ~ The Midwife shall be accountable to the client, the midwifery profession and the public for safe, competent, and ethical care.

STANDARD TWO ~ The Midwife shall ensure that no act or omission places the client at unnecessary risk.

STANDARD THREE ~ The Midwife shall, within realistic limits, provide continuity of care to the client throughout the childbearing experience according to the midwifery model of care.

STANDARD FOUR ~ The Midwife shall respect the autonomy of the mentally competent adult woman by working in partnership with her and recognizing individual and shared responsibilities. The Midwife recognizes the healthy woman as the primary decision maker throughout the childbearing experience.

STANDARD FIVE ~ The Midwife shall uphold the client's right to make informed choices about the manner and circumstance of normal pregnancy and childbirth and facilitates this process by providing complete, relevant, objective information in a non-authoritarian and supportive manner, while continually assessing safety considerations and risks to the client and informing her of same.

STANDARD SIX ~ The Midwife shall confer and collaborate with other healthcare professionals, including other midwives, as is necessary to professionally meet the client's needs. When the client's condition or needs exceed the Midwife's scope of practice or personal practice guidelines, the Midwife shall consult with and refer to a physician or other appropriate healthcare provider.

STANDARD SEVEN ~ Should the pregnancy become high-risk and primary care be transferred to a physician, the Midwife may continue to counsel, support and advise the client at her request.

STANDARD EIGHT ~ The Midwife shall maintain complete and accurate health care records.

STANDARD NINE ~ The Midwife shall ensure confidentiality of information except with the client's consent, or as required to be disclosed by law, or in extraordinary circumstances where the failure to disclose will result in immediate and grave harm to the client, baby or other immediate family members or professional care providers.

STANDARD TEN ~ Where geographically feasible, the Midwife shall make a good faith effort to ensure that a second midwife, or a qualified birth attendant certified in neonatal resuscitation and cardiopulmonary resuscitation, is available during the delivery.

STANDARD ELEVEN ~ The Midwife shall order or administer only those prescription drugs and procedures that are consistent with the Midwife's professional training, community standards and the provisions of Licensed Midwifery Practice and shall do so only in accordance with the client's informed consent.

STANDARD TWELVE ~ The Midwife shall order, perform, collect samples for or interpret those screening and diagnostic tests for a woman or newborn which are consistent with the Midwife's professional training, community standards, and provisions of the Licensed Midwifery Practice Act, and shall do so only in accordance with the client's informed consent.

STANDARD THIRTEEN ~ The Midwife shall participate in the continuing education and evaluation of self, colleagues and the maternity care system.

STANDARD FOURTEEN ~ The Midwife shall critically assess evidence-based research findings for use in practice and shall support research activities.



IV. Criteria for Client Selection

Criteria for initial selection of clients for community-based midwifery care assumes:

- Healthy mother without serious pre-existing medical or mental conditions
- History, physical assessment and laboratory results within limits commonly accepted as normal with no clinically significant evidence of the following:
 - a. cardiac disease
 - b. pulmonary disease
 - c. renal disease
 - d. hepatic disease
 - e. endocrine disease
 - f. neurological disease
 - g. malignant disease in an active phase
 - h. significant hematological disorders or coagulopathies
 - i. essential hypertension (BP >>140/90 on two or more occasions, six hours apart)
 - j. insulin-dependent diabetes mellitus
 - k. serious congenital abnormalities affecting childbirth
 - l. family history of serious genetic disorders or hereditary diseases that may impact on the current pregnancy
 - m. adverse obstetrical history that may impact on the current pregnancy
 - n. significant pelvic or uterine abnormalities, including tumors, malformations, or invasive uterine surgery that may impact on the current pregnancy
 - o. isoimmunization
 - p. alcoholism or abuse
 - q. drug addiction or abuse
 - r. positive HIV status or AIDS
 - s. current serious psychiatric illness
 - t. social or familiar conditions unsatisfactory for domiciliary birth services
 - u. other significant physical abnormality, social or mental functioning that affects pregnancy, parturition and/or the ability to safely care for a newborn
 - v. other as defined by the Midwife

V. Risk factors identified during the initial interview or arising during the course of care

∞ Responsibility of the Licensed Midwife

With respect to the care of a client with a significant risk factor as identified by the client selection criteria in section IV or other science-based parameters, the licensed midwife shall inform the client about the known material risks and benefits of continuing with midwifery care relative to the identified risk factor and shall recommend to the client that her situation be evaluated by a medical practitioner and if appropriate, to transfer her primary care to a licensed physician who has current training and practice in obstetrics.

∞ Client's Rights to Self-Determination

In recognition of the client's right to refuse that recommendation as well as other risk-reduction measures and medical procedures, the client may, after having been fully informed about the nature of the risk and specific risk-reduction measures available, make a written informed refusal. If the licensed midwife appropriately documents the informed refusal in the client's midwifery records, the licensed midwife may continue to provide midwifery care to the client consistent with evidence-based care as identified in this document and the scientific literature.

VI. ANTEPARTUM REFERRAL

~ To define and clarify minimum practice requirements for the safe care of women and infants in regard to ANTEPARTUM PHYSICIAN CONSULTATION, REFERRAL & TRANSFER OF CARE

☞ The Midwife shall consult with a physician whenever there are significant deviations (including abnormal laboratory results), during a client's pregnancy. If a referral to a physician is needed, the Midwife will, if possible, remain in consultation with the physician until resolution of the concern. It is appropriate for the Midwife to maintain care of her client to the greatest degree possible, in accordance with the client's wishes, **during** the pregnancy and, if possible, **being** present **during** the labor and birth and resuming postpartum care if appropriate.

A. The following conditions, occurring after acceptance for domiciliary care, require physician consultation by the midwife or client referral to a physician and may require transfer of care of the client to medical health care provider. A referral for immediate medical care does not preclude the possibility of a domiciliary labor and birth if, following the referral, the client does not have or no longer has, any of the conditions set out in this section.

1. Antepartal Conditions include, but are not limited to:

Maternal

- a. positive HIV antibody test
- b. threatened or spontaneous abortion after 14 weeks
- c. significant vaginal bleeding
- d. persistent vomiting with dehydration
- e. symptoms of malnutrition or anorexia
- f. protracted weight loss or failure to gain weight
- g. gestational diabetes, uncontrolled by diet
- h. severe anemia, not responsive to treatment
- i. severe or persistent headache
- j. evidence of pregnancy induced hypertension (PIH) or pre-eclampsia (2 BP readings >> than 140/90, 6 hours apart)
- k. deep vein thrombosis (DVT)
- l. urinary tract infection (UTI)
- m. significant signs or symptoms of infection
- n. isoimmunization, positive Rh antibody titer for Rh-negative mother, or any other positive antibody titer which may **have** a detrimental effect on mother or fetus
- o. documented placental anomaly or previa
- p. documented low lying placenta in woman with history of previous cesarean
- q. preterm labor (before the completion of the 37th week of gestation)

- r. premature rupture of membranes (before 37 completed weeks of pregnancy)
- s. pregnancy with non-reactive stress test and/or abnormal biophysical profile or amniotic fluid assessment
- t. other as defined by the Midwife

Fetal

- a. non-vertex lie at term
- b. multiple gestation
- c. fetal anomalies compatible with life which are affected by site of birth
- d. marked decrease in fetal movement, abnormal fetal heart tones (FHTs) non-reassuring non-stress test (NST)
- e. marked or severe poly- or oligo-hyramnios (too much or too little amniotic fluid)
- f. evidence of intrauterine growth restriction (IUGR)
- g. significant abnormal ultrasound findings
- h. other as defined by the Midwife

VII. INTRAPARTUM REFERRAL

~ To define and clarify minimum practice requirements for the safe care of women and infants in regard to **INTRAPARTUM PHYSICIAN CONSULTATION, REFERRAL & ELECTIVE TRANSFER OF CARE & EMERGENCY TRANSPORT**

☞ The Midwife shall consult with a physician and/or other health care professional whenever there are significant deviations from normal during a client's labor and birth, and/or with her newborn. If a referral to a physician is needed, the Midwife will, if possible, remain in consultation with the physician until resolution of the concern. It is appropriate for the Midwife to maintain care of her client to the greatest degree possible, in accordance with the client's wishes, remaining present throughout the birth and resuming postpartum care if appropriate.

A. The following conditions require physician consultation and may require transfer of care. Consultation does not preclude the possibility of a domiciliary labor and birth if, following the consultation, the client does not have any of the conditions set out in this section.

Intrapartum Conditions ~ Serious medical/obstetrical or perinatal conditions, including but not limited to:

Maternal:

- a. active genital herpes in labor
- b. prolonged lack of progress in labor
- c. abnormal bleeding, with or without abdominal pain; evidence of placental abruption
- d. rise in blood pressure above woman's baseline (more than 30/15 points or greater than 140/90) with proteinuria
- e. signs or symptoms of maternal infection
- f. signs or symptoms of maternal shock
- g. client's request for transfer to obstetrical care

Fetus:

- a. abnormal fetal heart tones (FHT)
- b. signs or symptoms of fetal distress
- c. thick meconium or frank bleeding with birth not imminent
- d. lie not compatible with spontaneous vaginal delivery or unstable fetal lie

B. Emergency Transport: If on initial or subsequent assessment during the 1st, 2nd or 3rd stage of labor, one of the following conditions exists, the midwife shall immediately consult with a physician and/or initiate immediate emergency transfer to medical care. Transport via private vehicle is an acceptable method of transport if, in the clinical judgment of the midwife, that is the safest and most expedient method to access medical services.

- a. prolapsed umbilical cord
- b. uncontrolled hemorrhage
- c. preeclampsia or eclampsia
- d. severe abdominal pain inconsistent with normal labor
- e. chorioamnionitis
- f. ominous fetal heart rate pattern or other manifestation of fetal distress
- g. seizures or unconsciousness in the mother
- i. evidence of maternal shock
- j. presentation not compatible with spontaneous vaginal delivery
- k. laceration requiring repair outside the scope of practice or practice policies of the individual midwife
- l. retained placenta or placental fragments
- m. neonate with unstable vital signs
- n. any other condition or symptom which could threaten the life of the mother, fetus, or neonate as assessed by the midwife exercising ordinary skill and knowledge.

**C. Emergency Exemptions Clause ~ Section 2063 ~
California Medical Practices Act**

The California licensed midwife may deliver a woman with any of the above complications or conditions, or other bona fide emergencies, if the situation is a verifiable emergency and no physician or other equivalent medical services are available. **EMERGENCY** is defined as a situation that presents an immediate hazard to the health and safety of the client or entails extraordinary and unnecessary human suffering.

VIII. POSTPARTUM REFERRAL

~ To define and clarify minimum practice requirements for the safe care of women and infants in regard to **POSTPARTUM PHYSICIAN CONSULTATION, REFERRAL & ELECTIVE TRANSFER OF CARE & EMERGENCY TRANSPORT**

☞ The Midwife shall consult with a physician and/or other health care professional whenever there are significant deviations from normal (including abnormal laboratory results), during the postpartum period. If a referral to a physician is needed, the Midwife will remain in consultation with the physician until resolution of the concern. It is appropriate for the Midwife to maintain care of her client to the greatest degree possible, in accordance with the client's wishes.

A. Immediate Postpartum Conditions ~ The Midwife shall arrange for immediate consultation and transport according to the emergency plan if the following conditions are present.

- a. uterine prolapse or inversion
- b. uncontrolled maternal hemorrhage
- c. seizure or unconsciousness
- d. on-going instability or abnormal vital signs
- e. adherent or retained placenta
- f. repair of laceration(s)/episiotomy beyond Midwife's level of expertise
- g. anaphylaxis
- h. other serious medical or mental conditions

B. Extended Postpartum Condition ~ The midwife shall arrange for physician consultation, client referral and/or transport when/if:

- a. signs or symptoms of maternal infection
- b. signs of clinically significant depression
- c. social, emotional or other physical conditions as defined by the Midwife and outside her scope of practice.

IX. NEONATAL REFERRAL

~ To define and clarify minimum practice requirements for the safe care of women and infants in regard to **PHYSICIAN CONSULTATION, REFERRAL & ELECTIVE TRANSFER OF CARE & EMERGENCY TRANSPORT** of the **NEONATE**

☞ The Midwife shall consult with a physician or other health care practitioner whenever there are significant deviations or complications relative to the newborn. If a referral to a physician is needed, the Midwife will, if possible, remain in consultation with the physician until resolution of the concern. It is appropriate for the Midwife to maintain care of her client to the greatest degree possible, in accordance with the client's wishes.

It is appropriate for the Midwife to continue caring for her client to the greatest degree possible, in accordance with the client's wishes, during the postpartum/postnatal period.

The following conditions require physician consultation or client referral and may require transfer of care.

A. Neonatal Conditions: The Midwife shall arrange for immediate consultation and transport according to the emergency plan if the following conditions exist.

- a. Apgar score of 6 or less at five minutes of age, without significant improvement by 10 minutes
- b. persistent respiratory distress
- c. persistent cardiac irregularities
- d. persistent central cyanosis or pallor
- e. persistent lethargy or poor muscle tone
- f. prolonged temperature instability
- g. significant signs or symptoms of infection
- h. significant clinical evidence of glycemic instability
- i. seizures
- j. abnormal bulging or depressed fontanel
- k. birth weight <2300 grams
- l. significant clinical evidence of prematurity
- m. clinically significant jaundice apparent at birth
- n. major or medically significant congenital anomalies
- o. significant or suspected birth injury
- p. other serious medical conditions
- q. parental request

B. Postnatal Care: The midwife will arrange for consultation, referral or transport for an infant who exhibits the following:

- a. abnormal cry

- b. diminished consciousness
- c. inability to suck
- d. passes no urine in 30 hours or meconium in 48 hours after delivery or inadequate production of urine or stool in during the neonatal period
- e. clinically significant abnormalities in vital signs, muscle tone or behavior
- f. clinically significant color abnormality - cyanotic, pale, grey
- g. abdominal distension, projectile vomiting
- h. jaundice within 30 hours of birth
- i. significant signs or symptoms of infection
- j. abnormal lab results
- k. signs of clinically significant dehydration or failure to thrive
- l. other concerns of family or midwife