

California College of Midwives
State Chapter ~ American College of Community Midwives

Section One

STANDARDS OF PRACTICE

∞ Professional Midwives offer primary care to healthy women and their normal unborn and newborn babies throughout normal pregnancy, labor, birth, postpartum, the neonatal and inter-conceptual periods. Standards of practice, protocols, minimum practice requirements and detailed guidelines for appropriate physician consultation, referral, transfer of care and emergency care are contained within the *Generally Accepted Practice* of the California College of Midwives / ACCM.

I. Purpose, Definitions & General Provisions:

A. Standards of Practice provide a framework to evaluate the midwife's practice to ensure that it is safe, ethical and consistent with the professional practice of midwifery in California. The professional midwife who conforms to these standards and their associated practice requirements is judged to be competent. Sources and documentation for practice requirements includes but is not limited to the following:

1. The international definition of a midwife and international scope of practice
2. Customary definitions of the midwifery model of care by state and national midwifery organizations, including the 2000 LMPA amendment (SB 1479)
3. Standards of practice for community midwives published by state and national midwifery organizations
4. Philosophy of Care, Code of Ethics, and Informed Consent Policy published by state and national midwifery organizations
5. Educational competencies published by state and national midwifery organizations

B. The California-licensed midwife is a competent health care practitioner who maintains all requirements of state certification, keeps current with safe and ethical midwifery practice and who practices in accordance with:

1. The body of 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
4. The protocols of the individual midwifery service/practice

C. The California-licensed midwife provides care in clinics, physician offices, client homes, hospitals & birth centers. The Midwife provides well-women services pre and inter-conceptionally 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 conditions or complications affecting either mother or fetus.

D. The California-licensed midwife must be able to give the necessary supervision, care and advice to women prior to and during pregnancy, labor and the postpartum period, to conduct deliveries and to care for the newborn infant. This care includes preventative measures, protocols for variations/ 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 their 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 evaluation of his/her practice that includes ongoing community input and participation in mortality and morbidity reporting and the peer-review processes. The results of these individual evaluations can be distributed to influence professional policy development, education, and practice.

G. The California-licensed midwife is accountable 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 of the scientific literature. It may also include developing and sharing midwifery knowledge and participating in research regarding midwifery outcomes.

II. A brief overview of the professional midwife's duties and 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 during the initial consultation and continues through the completion of care. Within the Midwifery Model of Care, **the professional midwife's duties** to mother and baby shall include the following individualized forms of care:

1. Antepartum care & education, preparation for childbirth, breastfeeding & parenthood
2. On-going risk assessment, risk prevention and risk reduction
3. Identifying and assessing variations and deviations from normal and detection of abnormal conditions
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 direct care, 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 waivers, birth registration, newborn screening, practice protocols, morbidity reports, annual statistics and other required documentation.

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 ~ Within realistic limits the Midwife shall provide continuity of care to the client throughout the childbearing experience according to the Midwifery Model of Practice.

STANDARD FOUR ~ The Midwife shall respect the autonomy of the mentally competent adult woman and work in partnership with her, 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 the risks to the client and informing her of same.

STANDARD SIX ~ The Midwife shall collaborate with other healthcare professionals and, when the client's condition or needs exceed the midwives' scope of practice, shall consult with and refer to a physician or other appropriate healthcare provider.

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

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

STANDARD TEN ~ 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.

STANDARD ELEVEN ~ The Midwife shall make every effort to ensure that a second midwife or a qualified birth attendant who is currently certified in neonatal resuscitation and cardiopulmonary resuscitation assists at every birth.

STANDARD TWELVE ~ The Midwife shall order, prescribe or administer only those prescription drugs and procedures as authorized in the Licensed Midwifery Practice Act, Section 2514 and shall do so in accordance with the client's informed consent.

STANDARD THIRTEEN ~ The Midwife shall order, perform, collect samples for or interpret those screening and diagnostic tests for a woman or newborn as identified in the Licensed Midwifery Practice Act, Section 2514 and in accordance with the client's informed consent.

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

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

An act relating to midwifery

SB 1479 ~ Amendment to the Licensed Midwifery Practice Act of 1993



Section 4 ~ THE LEGISLATURE FINDS AND DECLARES THAT:

- (a) Childbirth is a normal process of the human body and not a disease.
- (b) Every woman has a right to choose her birth setting from the full range of safe options available in her community.
- (c) The **midwifery model of care** emphasizes a commitment to informed choice, continuity of individualized care, and sensitivity to the emotional and spiritual aspects of childbearing, and includes monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle; providing the mother with individualized education, counseling, prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support; minimizing technological interventions; and identifying and referring women who require obstetrical attention.
- (d) Numerous studies have associated professional midwifery care with safety, good outcomes, and cost-effectiveness in the United States and in other countries. California studies suggest that low-risk women who choose a natural childbirth approach in an out-of-hospital setting will experience as low a perinatal mortality as low-risk women who choose a hospital birth under management of an obstetrician, including unfavorable results for transfer from the home to the hospital.
- (e) The midwifery model of care is an important option within comprehensive health care for women and their families and should be a choice made available to all women who are appropriate for and interested in home birth.