

**Chapter 6-A: STANDARDS RELATING TO CERTIFIED PROFESSIONAL MIDWIVES
AUTHORITY TO OBTAIN AND ADMINISTER DRUGS, MEDICAL DEVICES,
AND SCOPE OF PRACTICE**

Summary: This chapter describes standards by which a certified professional midwife may obtain and administer certain drugs, the authorized certified professional midwife scope of practice and establishes the circumstances under which they shall recommend and facilitate modification of the care relationship.

1. Definitions.

1. **Antepartum.** “Antepartum” is the period of pregnancy beginning with conception and ending at the beginning of true labor.
2. **Collaboration.** “Collaboration” is a consultation where a plan that is mutually agreed upon by the client, the requesting provider, and the consultant is created, and care is jointly provided by the requesting provider and the consultant.
3. **Consultation.** “Consultation” means communication requested from a health care professional with specific expertise by another qualified health care provider for the intent of exchanging information and obtaining guidance;
4. **Intrapartum.** “Intrapartum” is the period beginning with the beginning of true labor and ending with the expulsion of the placenta from the uterus.
5. **Neonatal.** “Neonatal” is the period of the baby’s life beginning with birth from the uterus and ending 28 days after the birth.
6. **Postpartum.** “Postpartum” is the period beginning immediately after the expulsion of the placenta from the uterus and ending 12 weeks after the birth.
7. **Referral.** “Referral” is a consultation with the intent of the client being seen by the consultant for evaluation and treatment of the condition for which the referral is made.
8. **Termination of Care.** “Termination of care” is complete cessation of the certified professional midwife-client relationship due to the presence of conditions beyond the certified professional midwife’s scope of practice or skill level, or inability to resolve client-certified professional midwife conflict by other means. Termination of care shall be accompanied by the transfer of care to another health professional, which may include an emergency medical technicians or emergency service providers, or to another health care facility.
9. **Transfer of Care.** “Transfer of care” is relinquishment of care by the certified professional midwife to a health care professional or hospital service; this does not preclude the midwife from continuing to provide nonclinical support when desired by the client.

10. **True labor.** “True labor” is the uterine contractions leading to cervical changes.

2. **Certified Professional Midwife Formulary**

1. A certified professional midwife may recommend nonprescription medication without limitation, subject only to the limitations of the midwife’s professional knowledge and the standards of care applicable to the midwifery profession.
2. Certified professional midwives are authorized to obtain, possess, and administer the following drugs and devices:
 - A. Acyclovir for prophylaxis of genital herpes;
 - B. APNO cream (all-purpose nipple ointment);
 - C. B-6 IM Injectable;
 - D. Devices including, but not limited to, breast pumps, compression stockings and maternity belts, diaphragms and cervical caps;
 - E. Epinephrine for maternal anaphylaxis;
 - F. Epinephrine for neonatal resuscitation;
 - G. Intravenous fluids and administration-related supplies and devices;
 - H. IUD, with appropriate training;
 - I. Laryngeal mask airway and administration-related supplies and devices for neonatal resuscitation;
 - J. Local anesthetics or numbing agents for repair of lacerations;
 - K. Antibiotics for Group B Streptococcus prophylaxis;
 - L. Naloxone, adult use only;
 - M. Neonatal Eye prophylaxis;
 - N. Nifedipine, sublingual, for suppression of contractions pending transport to a health facility;
 - O. Nitrous oxide, administered with a 50% blend of oxygen, for management of pain in labor;
 - P. Ondansetron, oral or sublingual;
 - Q. Over-the-counter herbs and homeopathic remedies subject only to the limitations of the midwife’s professional knowledge and the standards of care applicable to the midwifery profession;
 - R. Over-the-counter vitamins, minerals, drugs and devices;
 - S. Oxygen and administration-related supplies and devices;
 - T. Pracasil plus;
 - U. Rh Immune Globulin;
 - V. Sterile water for intradermal injections for pain relief;
 - W. Suture materials;
 - X. Tranexamic Acid (TXA), for use in conjunction with planned transport to a health facility;
 - Y. Uterotonics, including, but not limited to, oxytocin, methergine, and misoprostol, exclusively for the control of maternal postpartum hemorrhage and subinvolution;
 - Z. Vaccines, including, but not limited to, Tdap, Rubella, Influenza, HPV, and neonatal Hepatitis B vaccine; and
 - AA. Vitamin K for neonatal prophylaxis;

3. **Scope of practice**

1. Certified professional midwife. The certified professional midwife shall provide only those health care services for which the certified professional midwife is educationally and clinically prepared, and for which competency has been maintained. The certified professional midwife is authorized to function to the full extent of the certified professional midwife's education, training, and competency within the population focus and scope of practice defined by the national certifying body.
2. Certified professional midwives primarily practice in homes, birth centers, clinics, and offices, and may also practice in hospitals, and emergency care settings. Certified professional midwives may consult, refer, or transfer to licensed allopathic or osteopathic physicians, or other licensed health professionals as necessary for the client's health or safety in accordance with professional judgment.
3. The health care services for which the certified professional midwife is independently responsible and accountable include:
 - A. Reproductive health care across the lifespan, including family planning and evaluation of well-being, including relevant health history;
 - B. Health care of the newborn up to age 8 weeks;
 - C. Maternity care, including preconception care, care during pregnancy, labor and childbirth, and the postpartum period until 12 weeks;
 - D. Ordering and interpreting medical laboratory tests, specimen collection, performing CLIA-waived testing for the benefit of the individual midwifery client, ordering and interpreting ultrasound scan results, and obtaining equipment and supplies for the safe practice of midwifery; and
 - E. Performing or ordering any newborn testing required or recommended by the Maine Center for Disease Control, including, but not limited to: Newborn Blood Spot Screening (NBS), Critical Congenital Heart Defect (CCHD) and Hearing Screening.
4. The certified professional midwife is authorized to activate emergency medical services at any time to protect the health and safety of the client, fetus or newborn, including when the client declines transfer of care.
5. The certified professional midwife shall perform and document periodic assessment to identify the following conditions, and provide care in accordance with section 5:
 - A. Multifetal gestation;
 - B. Non-vertex presentation;
 - C. Prior cesarean procedure; and
 - D. Other conditions that present a moderate or high risk of harm to parent or child.
6. When providing primary maternity care, the certified professional midwife licensed under this chapter shall:
 - A. Obtain informed consent to care that is in compliance with language approved by the board pursuant to 32 M.R.S. §12541.
 - B. Collect data as required by statute and prescribed by the board and report to the board in a format approved by the board for that purpose. 32 MRSA §12539. When the intended and actual place of birth is a hospital setting, this provision does not apply.

4. Termination of care.

1. Midwifery care shall be terminated when client-certified professional midwife conflicts affecting the safe provision of care are unable to be resolved.
2. When such conditions are present, the certified professional midwife shall:
 - A. Immediately inform the client of the condition or circumstances requiring termination of care;
 - B. Provide written notice to the client at least three business days before termination of care, unless an emergency exists;
 - C. Facilitate coordination of care with another licensed health care provider;
 - D. Share records and relevant information related to the condition with subsequent providers; and
 - E. Document the termination of care in the client's records.

5. Requirement for consultation, collaboration, referral, or transfer of care.

1. When the following conditions or circumstances occur, the certified professional midwife is required to initiate the associated actions of consultation, collaboration, referral, or transfer of care. Such action may be initiated at any time when in the professional judgment of the certified professional midwife such action is warranted.
 - A. **Antepartum.** During the antepartum period the following actions are required in the presence of the listed conditions or circumstances:
 - 1) **Consultation**
 - a) Suspected intrauterine growth restriction;
 - b) Severe vomiting unresponsive to certified professional midwife treatment;
 - c) Pain unrelated to common discomforts of pregnancy;
 - d) Presence of condylomata that may obstruct delivery;
 - e) Anemia unresponsive to certified professional midwife treatment, with a hemoglobin less than 10.0 g/dL;
 - f) Suspected or confirmed fetal demise after 14.0 weeks gestation;
 - g) Suspected multiple gestation;
 - h) Confirmed chromosomal or genetic abnormalities;
 - i) Hepatitis C;
 - j) Suspected fetal malpresentation after 36.0 weeks;
 - k) Ultrasound diagnosis of complete placenta previa from 28.0 – 34.0 weeks gestation; and
 - l) Any other condition that in the judgment of the certified professional midwife requires consultation.
 - 2) **Collaboration**
 - a) Infection unresponsive to certified professional midwife treatment;
 - b) Incomplete miscarriage;
 - c) Significant vaginal bleeding;
 - d) Signs or symptoms of deep vein thrombosis or pulmonary embolus;
 - e) Stable thyroid disease;
 - f) Stable seizure disorder;

- g) Chronic hypertension requires collaboration with an obstetrical physician;
- h) History of cervical incompetence treated with surgical therapy, requires collaboration with an obstetrical physician;
- i) Severe depression, exacerbations of mood disorder, or psychiatric illness responsive to treatment;
- j) Confirmed fetal malpresentation at or after 37.0 weeks; and
- k) Any other condition that in the judgment of the certified professional midwife requires collaboration.

3) **Referral**

- a) Signs or symptoms of untreated thyroid disease;
- b) Gestational diabetes requiring pharmacologic therapy;
- c) Changes in the breast(s) suspicious for malignancy and unrelated to pregnancy or lactation;
- d) Documented platelet count less than 80,000 platelets per mm³ of blood in the absence of signs or symptoms of pre-eclampsia or HELLP syndrome. HELLP means findings of hemolysis, elevated liver enzymes, and low platelets;
- e) Confirmed or developing deep vein thrombosis or pulmonary embolism;
- f) Rh isoimmunization or other red blood cell isoimmunization known to cause erythroblastosis fetalis;
- g) Primary genital herpes outbreak;
- h) Preeclampsia;
- i) Oligohydramnios hydramnious or poly hydramnios;
- j) Pregnancy beyond 41.6 weeks gestation; with NON-reassuring fetal assessment; and
- k) Any other condition that in the judgment of the certified professional midwife requires referral.

4) **Transfer of Care**

- a) Current substance use disorder;
- b) Current diagnosis of cancer;
- c) Confirmed intrauterine growth restriction;
- d) No onset of labor by 43.0 weeks gestation;
- e) Heart disease that has been determined by a cardiologist to have potential to affect or to be affected by pregnancy, labor, or delivery;
- f) Ultrasound diagnosis of complete or partial placenta previa-after 34.0 weeks gestation;
- g) Preeclampsia with severe features; including any of the following:
 - i. A systolic pressure greater than 160 mm or a diastolic pressure greater than 110 mm in two readings at least four hours apart after a period of bedrest;
 - ii. Documented platelet count of less than 100,000 platelets per mm³ of blood, or presence of other coagulation disorder;
 - iii. Impaired liver function;
 - iv. Progressive renal insufficiency;
 - v. Pulmonary edema; or
 - vi. New onset cerebral or visual disturbances;
- h) Eclampsia;

- i) Signs of suspected placental abruption, or fetal compromise;
- j) Confirmed or suspected ectopic pregnancy;
- k) Severe psychiatric illness non-responsive to treatment;
- l) Insulin-dependent diabetes;
- m) Significant vaginal bleeding after 20.0 weeks gestation inconsistent with normal pregnancy and posing a continuing risk to client or baby;
- n) Any other condition that in the judgment of the midwife could place the life or long-term health of the pregnant person or unborn child at risk; and
- o) Human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS).

B. **Intrapartum.** During the intrapartum period the following actions are required in the presence of the listed conditions or circumstances:

- 1) **Consultation**
 - a) Any condition that in the judgment of the certified professional midwife requires consultation.
- 2) **Collaboration**
 - a) Any condition that in the judgment of the certified professional midwife requires collaboration.
- 3) **Referral**
 - a) Any condition that in the judgment of the certified professional midwife requires referral.
- 4) **Transfer of Care**
 - a) Visible genital lesions suspicious of herpes virus infection in a location unable to be isolated from the neonate during the birth process;
 - b) Signs or symptoms of preeclampsia;
 - c) Excessive vomiting, dehydration, acidosis, or exhaustion unresponsive to certified professional midwife treatment;
 - d) Excessive bleeding, inconsistent with normal bloody show;
 - e) Progressive labor prior to 37.0 weeks gestation except in the presence of known miscarriage, confirmed fetal death, or known congenital anomalies incompatible with life;
 - f) Signs or symptoms of uterine rupture;
 - g) Prolapsed umbilical cord, unless birth is imminent;
 - h) Clinically significant abdominal pain inconsistent with normal labor;
 - i) Maternal seizure;
 - j) Suspected chorioamnionitis;
 - k) Fetal heart rate indicative of fetal labor intolerance that does not immediately respond to treatment by the midwife, unless birth is imminent;
 - l) Meconium in the amniotic fluid accompanied by abnormal fetal heart rate, or other identified risk factors for neonatal resuscitation, unless birth is imminent;
 - m) Lack of descent after three hours of effective second stage efforts;

- n) Signs of impending maternal shock unresponsive to certified professional midwife treatment;
- o) Retained placenta or retained placental parts not resolved by clinical management;
- p) Postpartum hemorrhage not resolved by clinical management;
- q) Breech or other malpresentation diagnosed in labor, unless birth is imminent
- r) Multifetal presentation diagnosed in labor, unless birth is imminent; or
- s) Any other condition that in the judgment of the certified professional midwife would place the life or long-term health of the pregnant person or unborn child at significant risk if not acted upon immediately.

C. **Postpartum.** During the postpartum period the following actions are required in the presence of the listed conditions or circumstances:

1) **Consultation**

- a) Bladder dysfunction;
- b) Persistent abnormal uterine bleeding; or
- c) Any other condition that in the judgment of the certified professional midwife requires consultation.

2) **Collaboration**

- a) Signs or symptoms of infection unresponsive to certified professional midwife treatment;
- b) Symptoms of breast disorders unresponsive to certified professional midwife treatment
- c) Postpartum depression or exacerbation of mood disorder; or
- d) Any other condition that in the judgment of the certified professional midwife requires collaboration.

3) **Referral**

- a) Any birth-related lacerations or trauma beyond the ability of the midwife to repair, to include:
 - 3rd or 4th degree perineal lacerations;
 - Severe vaginal, periurethral, or clitoral lacerations
 - Cervical lacerations; or
 - Signs or symptoms of developing significant hematoma;
- b) Early signs or symptoms of deep vein thrombosis or pulmonary embolus;
- c) Severe depression;
- d) Evolving hypertension or the presence of any signs or symptoms of preeclampsia; or
- e) Any other condition that in the judgment of the certified professional midwife requires referral.

4) **Transfer of Care**

- a) Severe psychiatric illness non-responsive to treatment; or
- b) Any other condition that in the judgment of the certified professional midwife could place the life or long-term health of the postpartum person at significant risk if not acted upon immediately.

- D. **Neonatal.** During the neonatal period of the life of the newborn, the following actions are required in the presence of the listed conditions or circumstances:
- 1) **Consultation**
 - a) Poor feeding and/or poor weight gain; or
 - b) Any other condition that in the judgment of the certified professional midwife requires consultation.
 - 2) **Collaboration**
 - a) Hospital-based newborn hearing screening;
 - b) Minor congenital anomaly; or
 - c) Any condition that in the judgment of the certified professional midwife requires collaboration.
 - 3) **Referral**
 - a) Apparent birth injury;
 - b) Loss of 15% or more of birth weight;
 - c) Unusual bruising or bleeding, petechiae, or lesions;
 - d) Abnormal screening or testing results;
 - e) Dysmorphic features suggesting a genetic diagnosis;
 - f) Blood in stools or emesis (not from cracked nipples);
 - g) Early onset or excessive jaundice;
 - h) No passage of stools or urine within 24 hours of birth;
 - i) Abdominal distention or vomiting;
 - j) Gestational age assessment less than 37.0 weeks gestation;
 - k) Insufficient suck or feed, not responsive to certified professional midwife treatment; or
 - l) Any other condition that in the judgment of the certified professional midwife requires referral.
 - 4) **Transfer of Care**
 - a) Congenital anomalies requiring timely intervention;
 - b) Persistent abnormalities of vital signs (temp, respiratory rate, heart rate, pulse oximetry readings);
 - c) Upper airway obstruction;
 - d) Persistent respiratory distress;
 - e) Persistent pallor or central cyanosis;
 - f) Apgar score at ten minutes of less than seven;
 - g) Post-resuscitative care after Neonatal Resuscitation Program (NRP) chest compressions;
 - h) Signs of newborn hemorrhage;
 - i) Seizure, or seizure-like activity;
 - j) Hypotonia, hypertonia or tremors; or
 - k) Any other condition that in the judgment of the certified professional midwife could place the life or long-term health of the infant at significant risk if not acted upon immediately.

STATUTORY AUTHORITY:

32 MRS §§ 12503, 12535(3), 12535(4), 12535(5)

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