

# State law chart: Certified Professional Midwife Scope of Practice

## Overview

This document focuses on certified professional midwives' (direct-entry midwives') licensure, certification, registration in the United States. It is not meant to be a comprehensive analysis of prescribing laws or limitations. Statutory citations have been included for reference and additional research.

The following chart reflects a current update of state laws regarding direct-entry midwifery, also referred to as lay midwifery.

1. Does your state license, certify, and/or register direct-entry/lay midwives, and if so, are there specific provisions governing this process?
2. Does your state have a separate board to regulate the practice of direct-entry midwifery?
3. Does your state have specific requirements for medication administration?

For more information, please contact Kristin Schleiter, JD, LLM, Senior Legislative Attorney, AMA Advocacy Resource Center at [kristin.schleiter@ama-assn.org](mailto:kristin.schleiter@ama-assn.org) or 312-464-4783.

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<b>Alabama</b>	It shall be unlawful for any person other than a licensed professional nurse who has received a license from the State Board of Nursing and the Board of Medical Examiners to practice nurse midwifery in this state. Nothing in this section shall be construed as to prevent lay midwives holding valid health department permits from engaging in the practice of lay midwifery as heretofore provided until such time as said permit may be revoked by the county board of health. (Ala. Code § 34-19-3). However, the Health Department does not issue such permits. (Alabama Department of Public Health, Certificates, Licenses & Permits page, <a href="http://www.adph.org/administration/Default.asp?id=497">http://www.adph.org/administration/Default.asp?id=497</a> ).	N/A	N/A
<b>Alaska</b>	<p>The board issues direct-entry midwives certificates to those who either apply by examination or by credentials.</p> <p>Those who apply for the certificate by examination, must pass the examination required for certification as a direct-entry midwife is the national examination prepared and graded by the North American Registry of Midwives. The applicant must also submit documentation that the applicant is at least 18 years of age, verification of a high school education or its equivalent, and copies that verify current certification in (A) the Basic Life Support for Health Care Providers Program (BLS); (B) intravenous therapy treatment for Group B Streptococci, from the Midwives' Association of Alaska (MAA), or from a program approved by the Midwifery Education Accreditation Council (MEAC); (C) intravenous therapy, from the Midwives' Association of Alaska (MAA), or from a program approved by the Midwifery Education Accreditation Council (MEAC); and (D) the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics, or neonatal resuscitation from the Midwives' Association of Alaska (MAA). The applicant must also pay the \$250 initial and submit written evidence of satisfactory completion of the course of study requirements (12 AAC 14.200) and supervised clinical experience requirements (12 AAC 14.210). The combined length of study and experience must be at least one year. Finally, the applicant must submit an affidavit signed by the applicant that verifies compliance with these requirements.</p> <p>Those who apply for by credentials must be currently licensed in another state with licensing requirements at least equivalent in scope, quality, and difficulty to those of this state, and passed the national examination required of certified direct-entry midwives in <u>this</u> state. At a minimum, the applicant must apply on a form provided by the board, pay the \$250 initial certification fee, provide the board with satisfactory evidence satisfactory that the person has not engaged in conduct that is a ground for imposing disciplinary sanctions and that the person has completed a course of study and supervised clinical experience of at least one year's duration, and the applicant successfully completed the examination required by the boards. The applicant must also authorize a release of the applicant's records to the department, on a form provided by the department, provide copies verifying certification current at the time of</p>	Board of Certified Direct-Entry Midwives. (Ala. Stat. § 08.65.010 (a)).	<p>A certified direct-entry midwife may not administer restricted drugs or medications except for the following, and only if the certified direct-entry midwife has documented the training and skills demonstrating competence to administer them as required in 12 AAC 14.560:</p> <ol style="list-style-type: none"> <li>(1) xylocaine hydrochloride, one or two percent, administered by infiltration, for the postpartum repair of tears, lacerations, and episiotomy;</li> <li>(2) cetacaine, applied topically, for the postpartum repair of tears, lacerations, and episiotomy;</li> <li>(3) vitamin K, administered by intramuscular injection, for the prevention of acute and late onset hemorrhagic disease of the infant;</li> <li>(4) rhogam, administered by intramuscular injection, for an unsensitized client with Rh negative type blood to prevent Rh disease;</li> <li>(5) eye prophylaxis as required by 7 AAC 27.111;</li> <li>(6) pitocin, administered by intramuscular injection or intravenous drip, in an emergency situation for the control of postpartum hemorrhage;</li> </ol>

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	<p>application in (A) the Basic Life Support for Health Care Providers Program (BLS); (B) intravenous therapy treatment for Group B Streptococci, from the Midwives' Association of Alaska (MAA), or from a program approved by the Midwifery Education Accreditation Council (MEAC); (C) intravenous therapy, from the Midwives' Association of Alaska (MAA), or from a program approved by the Midwifery Education Accreditation Council (MEAC); <u>and</u> (D) the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics, or neonatal resuscitation from the Midwives' Association of Alaska (MAA). The applicant must further verify his or her licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice midwifery; at least one verification must indicate a current license in good standing; the verifications must document that the applicant is not the subject of any unresolved complaints or any unresolved disciplinary actions and has never had a license to practice midwifery revoked. The applicant must sign an affidavit or have a state licensing agency sign an affidavit verifying that the applicant completed a course of study and supervised clinical experience of at least one year's duration. The applicant must verify that he/she passed the North American Registry of Midwives Examination (NARM) sent directly to the department from NARM. The applicant must submit documentation of fulfillment of the continuing competency requirements for meeting the continuing education requirements (12 AAC 14.420 - 12 AAC 14.430) during the two years immediately preceding the date of application. Finally, the applicant must submit an affidavit on a form provided by the department documenting that the applicant was the primary or assisting midwife for at least 10 births, five of which the applicant was the primary midwife, within the 24 months preceding the date of application. The affidavit must include the following information: (1) the date of birth; (2) the location of birth; (3) the infant's gender; (4) the infant's weight; (5) the name of the person who managed the labor; (6) the name of the person who delivered the newborn and placenta; (7) any complication and its outcome; and (8) a detailed explanation of any situation that required emergency transport.</p>		<p>(7) methergine, administered orally or by intramuscular injection, in an emergency situation for the control of postpartum hemorrhage that was not controlled by the administration of pitocin;                      (8) lactated ringers, plain or with dextrose five percent, or normal saline administered intravenously to a postpartum client, in an emergency situation to prevent or treat shock and stabilize her condition while arranging transport to a hospital;                      (9) antibiotic intravenous therapy treatment for Group B <i>Streptococci</i> in accordance with the United States Department of Health and Human Services, Centers for Disease Control and Prevention's <i>Prevention of Perinatal Group B Streptococcal Disease: Revised Guidelines from CDC</i>, revised as of August 16, 2002 and adopted by reference, except that vancomycin may not be administered;                      (10) epinephrine for allergic reaction or anaphylactic shock;                      (11) diphenhydramine administered by intramuscular injection or intravenously for allergic reaction or anaphylactic shock.</p>
<p><b>Arizona</b></p>	<p>To qualify for a midwife license, an applicant shall be currently certified by the American Heart Association in adult basic cardiopulmonary resuscitation; be currently certified by the American Academy of Pediatrics in neonatal cardiopulmonary resuscitation; take a three-part examination consisting of a written examination designed to test the applicant's knowledge of the theory of pregnancy, childbirth, and the core subjects, an oral examination designed to test clinical judgment in the practice of licensed midwifery, and a practical examination designed to demonstrate the applicant's mastery of skills necessary for the practice of midwifery; and each</p>	<p>Department of Health Services (A.R.S. § 36-753).</p>	<p>Midwives may administer the drug RhoGam under written physician's orders only.</p>

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	<p>applicant shall complete an apprenticeship under the supervision and direction of a preceptor that includes: 1. 60 prenatal care visits to a minimum of 15 women; 2. Attendance at the labor and delivery of at least 25 live births; 3. Supervised management of labor and delivery of the newborn and placenta for at least 25 births; 4. 25 newborn examinations; 5. 25 postpartum evaluations of mother and newborn within 72 hours and again at six weeks; and 6. Observation of one complete set of at least six prepared childbirth classes offered by a nationally certified childbirth educator or organization. (Ariz. Admin. Code R9-16-102; R9-16-103; R9-16-104).</p>		
<p><b>Arkansas</b></p>	<p>The following requirements must be met before the Department will issue a lay midwife license: a high school diploma or equivalent; Cardio-pulmonary Resuscitation Training; practical experience performed under the supervision of a physician, certified nurse midwife, or licensed lay midwife, including 75 antepartum visits, management of labor for 30 patients, delivery of 30 newborns and placenta, 30 newborn evaluation, 30 postpartum evaluations 0-5 hour postpartum, 30 postpartum evaluations 24-72 hours postpartum; and a licensing examination. (Ark. Regs. Lay Midwifery 302.01).</p>	<p>State Board of Health. (A.C.A. § 17-85-107 (a)).</p>	<p>No Licensed Lay Midwife may assist labor by any forcible or mechanical means; attempt to remove adherent placenta; administer, prescribe, advise or employ any prescription drug or device; or attempt the treatment of a precluded condition, except in an emergency when the attendance of a Physician or CNM cannot be speedily secured.</p>
<p><b>California</b></p>	<p>There are two pathways to licensure as a midwife in California:</p> <ul style="list-style-type: none"> <li>- <b>Education.</b> Candidates must complete a three-year postsecondary education program in an accredited midwifery school approved by the board. These schools usually are accredited by the Midwifery Education and Accreditation Council (MEAC), whose accreditation mirrors that of the U.S. Department of Education (DOE) requirements, and satisfies Medical Board of California criteria. Upon completion of educational requirements, including clinical experience evaluation, the candidate also must successfully complete a comprehensive licensing examination administered by NARM.</li> <li>- Additionally, an applicant for California licensure also may show current licensure as a midwife by another state with licensing standards equivalent to those of the Medical Board of California (Business and Professions Code section 2512.5(b)).</li> <li>- <b>Challenge Mechanism.</b> As defined in Business and Professions Code section 2513(a)-(c), the challenge process offers a midwifery student and prospective applicant the opportunity to obtain credit by examination for previous midwifery education and clinical experience. This opportunity is provided by two approved "challenge process" programs. Maternidad La Luz (MLL), in El Paso, TX, and the National Midwifery Institute, Inc., (NMI) in Bristol, VT, are the two board-approved challenge process mechanisms that are available for California licensure. Upon successful completion of the challenge process, the candidate also must successfully complete the comprehensive licensing examination. The candidate then may submit an application for California licensure. An approved midwifery education program shall offer the</li> </ul>	<p>Medical Board of California. (Cal. Bus. &amp; Prof. Code § 2506 (a)).</p>	<p>A midwife is authorized to obtain and administer drugs and diagnostic tests, order testing, and receive reports that are necessary to his or her practice of midwifery and consistent with his or her scope of practice. (Cal. Bus. &amp; Prof. Code § 2507 (f)).</p>

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	<p>opportunity for students to obtain credit by examination for previous midwifery education and clinical experience. The applicant shall demonstrate, by practical examination, the clinical competencies described in Section 2514 or established by regulation pursuant to Section 2514.5. The midwifery education program's credit by examination policy shall be approved by the board, and shall be available to applicants upon request. The proficiency and practical examinations shall be approved by the board. <b>Beginning January 1, 2015, new licensees shall not substitute clinical experience for formal didactic education.</b></p> <p>Licensed midwives, who have achieved the required educational and clinical experience in midwifery or met the challenge requirements, must pass the North American Registry of Midwives' (NARM) comprehensive examination. After successful completion of this examination, prospective applicants are designated as a "certified professional midwife" and are eligible to submit an application for California midwifery licensure.</p> <p>The license to practice midwifery authorizes the holder, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn. (Cal. Bus. &amp; Prof. Code § 2507 (a); 16 CCR § 1379.1 et seq.).</p>		
<b>Colorado</b>	<p>Every direct-entry midwife shall register with the division of registrations. (Colo. Rev. Stat. § 12-37-103 (1)). To become registered in Colorado, an applicant must either: have graduated from an accredited midwifery educational program approved by the Midwifery Education and Accreditation Council ("MEAC"); be credentialed as a Certified Professional Midwife ("CPM") in good standing, as established and administered by the North American Registry of Midwives ("NARM"); or complete and be certified under NARM's entry-level Portfolio Evaluation Process ("PEP"). (4 CCR 379-1, Rule 2). To qualify to register, a direct-entry midwife shall also complete an examination evaluated and approved by the director as an appropriate test to measure competency in the practice of direct-entry midwifery. (Colo. Rev. Stat. § 12-37-103 (5)).</p>	<p>The division of registrations in the department of regulatory agencies. (Colo. Rev. Stat. § 12-37-102 (3)).</p>	
<b>Connecticut</b>	<p>None.</p>	<p>N/A</p>	<p>N/A</p>
<b>Delaware</b>	<p>The Midwifery Advisory Council (MAC) shall promulgate rules and regulations governing the practice of Midwifery, the scope of practice of CMs and the scope of practice of CPMs, after public hearing and subject to the approval of the Board of Medical Licensure and Discipline, to include (1) procedures for the examination of applicants and issuance of licenses to those applicants it finds qualified; (2) licensing and licensing renewal requirements; (3) standards for education, and training programs and the procedures for denial, revocation, or suspension of such program for failure to meet or maintain the standards; (4) continuing education requirements for licensed midwives; (and other).</p>	<p>Board of Medical Licensure and Discipline, with advice from the Midwifery Advisory Council. (24 Del. Code § 1799HH).</p>	<p>The MAC must promulgate rules and regulations, after public hearing and subject to the approval of the medical board, regarding medications and tests the Midwife is authorized to obtain and administer in various settings as delineated in regulation.</p>

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	<p><i>Certified Professional Midwife</i>                      To be eligible for licensure by the Board as a Certified Professional Midwife, an applicant shall:                      (1) possess a valid CPM credential or another valid credential from an accrediting organization as recommended by the Council and approved by the Board; however, applicants who obtain the CPM credential after December 31, 2019 are required to also have obtained an education accredited by the Midwifery Education and Accreditation Council (MEAC), or another Midwifery education accreditation organization as recommended by the Council and approved by the Board, and training and education which meet the International Confederation of Midwives (ICM) standards and guidelines as applicable to the scope of Midwives licensed under this subchapter;                      (2) be at least 21 years of age;                      (3) shall not have been assessed any administrative penalties regarding the applicant's practice of Midwifery, including but not limited to fines, formal reprimands, license suspension or revocation, except for license suspension or revocation for non-payment of license renewal fee or unlicensed practice penalties assessed prior to the establishment of the Council, and/or probationary limitations;                      (4) shall not have been convicted of or may not have admitted under oath to having committed a crime substantially related to the practice of Midwifery or any felony or violent misdemeanor or crime involving dishonesty;                      (5) be a graduate of a high school or its equivalent;                      (6) meet minimum educational requirements as required for attainment of the CPM credential, including pre-partum, prenatal, intrapartum, and postpartum care of the mother and baby, and risk assessment for the mother and baby during this period; and                      (7) shall not have been convicted of a felony sexual offense.</p> <p><i>Certified Midwife</i>                      (b) To be eligible for licensure by the Board as a Certified Midwife, an applicant shall:                      (1) possess a valid CM credential, or another valid credential from an accrediting organization as recommended by the Council and approved by the Board;                      (2) be at least 21 years of age;                      (3) shall not have been assessed any administrative penalties regarding the applicant's practice of Midwifery, including but not limited to fines, formal reprimands, license suspension or revocation, except for license suspension or revocation for non-payment of license renewal fee or unlicensed practice penalties assessed prior to the establishment of the Council and probationary limitations;                      (4) shall not have been convicted of or shall not have admitted under oath to having committed a crime substantially related to the practice of Midwifery or any felony or violent misdemeanor or crime involving dishonesty;</p>		

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	<p>(5) be a graduate of a high school or its equivalent;</p> <p>(6) meet the minimum educational requirements as required for attainment of the CM credential including successful completion of a Midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME) or meet the education standards approved by the International Confederation of Midwives (ICM); and</p> <p>(7) shall not have been convicted of a felony sexual offense.</p> <p>Licensure must be renewed every two years. (24 Del. Code § 1799II)</p>		
<b>DC</b>	None.	N/A	N/A
<b>Florida</b>	The Department of Health issues licenses to practice midwifery to applicants who have: graduated from an approved midwifery program that includes a course of study and clinical training for a minimum of 3 years; cared 50 women in each of the prenatal, intrapartur, and postpartur periods under the supervision of a preceptor; observed an additional 25 women in the intrapartur period; and successfully completed the the North American Registry of Midwives' (NARM) written examination, upon payment of the required licensure fee. (Fla. Stat. § 467.009; 64B24-2.002).	The Department of Health, Council of Licensed Midwifery. (Fla. Stat. §§ 467.004, 467.005).	A licensed midwife shall include in the informed consent plan presented to the parents the status of the midwife's malpractice insurance, including the amount of malpractice insurance, if any.
<b>Georgia</b>	No person shall practice midwifery without first receiving from the Department of Human Resources a certificate of authority (OCGA 31-26-2 (a)), but only CNMs are eligible for certificates. (Ga. Admin. R. 290-15-5-.01 (1)).	N/A	No
<b>Hawaii</b>	None.	N/A	N/A
<b>Idaho</b>	A person shall be eligible to be licensed as a midwife if the person: (a) Provides proof of current certification as a CPM by NARM or a successor organization; (b) Files a board approved application for licensure and pays the required fees; and (c) Provides documentation of successful completion of board approved MEAC accredited courses in pharmacology, the treatment of shock/IV therapy and suturing specific to midwives. (Idaho Stat. § 54-5507 (1); IDAPA 24.26.01.000 et. seq.).	Board of Midwifery. (Idaho Stat. § 54-5503).	A licensed midwife may obtain and administer, during the practice of midwifery, the following: Oxygen; Oxytocin as a postpartur antihemorrhagic agent; Injectable local anesthetic for the repair of lacerations that are no more extensive than second degree; Antibiotics for group b streptococcus prophylaxis consistent with the guidelines set forth in Prevention of Perinatal Group B Streptococcal Disease, published by the Centers for Disease Control and Prevention; Epinephrine administered via a

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			metered dose auto-injector; Intravenous fluids for stabilization of the woman; Rhoo (D) immune globulin; Vitamin K1; and Eye prophylactics to the baby.
<b>Illinois</b>	None.	N/A	N/A
<b>Indiana</b>	An applicant who desires to practice midwifery shall present to the board the applicant's license as a registered nurse and a diploma earned by the applicant from a school of midwifery. (Ind. Code § 25-23-1-13.1 (a))	N/A	N/A
<b>Iowa</b>	None.	N/A	N/A
<b>Kansas</b>	None.	N/A	N/A
<b>Kentucky</b>	A person shall not engage or attempt to engage in the practice of lay-midwifery within the state, unless he holds a valid and effective permit issued as herein provided. New applications to practice lay-midwifery in the State of Kentucky shall not be accepted after April 9, 1975. Provided, however, that persons who have actively engaged in the practice of lay-midwifery in this state for a period of one (1) year prior to April 9, 1975 and who hold a valid and effective permit issued by the former Department of Health may, upon furnishing proof thereof, be entitled to renewal of their existing permit upon recommendation of the local board of health certifying a need for such services. (902 KAR 4:010, §§ 2, 3).	The Cabinet for Health and Family Services. (Ken. Rev. Stat. § 211.180 (1)(f)).	N/A
<b>Louisiana</b>	To qualify for licensure, midwives must: pass a two-part examination—a written examination to test the applicant's knowledge of basic sciences, theory regarding pregnancy and childbirth, and clinical judgment in licensed midwifery management, and a practical examination to test the applicant's mastery of skills necessary for the practice of licensed midwifery; demonstrate cognitive competence in the basic sciences of human anatomy, human physiology, biology, psychology, and nutrition by evidencing successful completion of either one college-level course in each of such subjects in an accredited college or university; or such other educational instruction, courses, or programs in such subjects as may be approved by the board; and gain clinical experience that includes at least the following types of numbers of experiences (with out-of-hospital births making up at least one-half of the clinical experience): 1. 100 prenatal visits on at least 25 different women; 2. attendance at the labor and delivery of at least 15 live births as an observer or assistant attendant; 3. management of the labor and delivery of newborn and placenta for at least 15 births as the primary birth attendant; 4. 25 newborn examinations; 5. 25 postpartum evaluations of mother and baby in home or hospital within 36 hours of delivery; 6. five repairs of lacerations in addition to any practice on non-human subjects; 7. five observations of in-house births involving high-risk obstetric care, provided, however, that this requirement may be waived by the board upon demonstration and documentation by the applicant that opportunity for such observations was not reasonably available to the applicant notwithstanding the applicant's diligent, good faith efforts to obtain opportunity for such	Louisiana State Board of Medical Examiners. (La. R.S. 37:3241 (3)).	No.

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	<p>observations; and 8. observation of one complete series of at least six prepared childbirth classes offered by an approved provider. (La. Admin. Code 46: XLV §§ 2317, 2353, 2357).</p>		
<p><b>Maine</b></p>	<p>Licensure required for certified professional midwives (CPM) starting January 1, 2020. (32 MRSA 12532)</p> <p>§12533. Qualifications for licensure as a CPM                      An applicant for a license to practice midwifery as a CPM shall submit to the board in a format as prescribed by the board the following:</p> <ol style="list-style-type: none"> <li>1. Fee. A completed application together with the fee established under section 12538;</li> <li>2. Certification. Proof of a current and valid national certification as a CPM from the national registry of midwives; and</li> <li>3. Education. Proof of successful completion of a formal midwifery education and training program as follows:                             <ol style="list-style-type: none"> <li>A. An educational program or institution accredited by the midwifery education accreditation council;</li> <li>B. For an applicant certified as a CPM who is certified before January 1, 2020 and who has completed a midwifery education and training program from an educational program or institution that is not accredited by the midwifery education accreditation council, a midwifery bridge certificate; or</li> <li>C. For an applicant who has maintained an authorization to practice midwifery as a licensed CPM in a state that does not require completion of a midwifery education and training program from an educational program or institution that is accredited by the midwifery education accreditation council, regardless of the date of that authorization, a midwifery bridge certificate.</li> </ol> </li> </ol> <p>License exception for traditional birth attendants if the traditional birth attendant has cultural or religious traditions that have historically included the attendance of traditional birth attendants at births and that birth attendant serves only the women and families in that distinct cultural religious group. (32 MRSA 12532(3).)</p>	<p>Board of Complementary Health Care Providers</p>	<p>The scope of practice of a CPM includes the authority to obtain and administer certain drugs as determined by board rule. The board shall limit the drug formulary for CPMs to only those medications that are indicated for the safe conduct of pregnancy, labor and birth and care of women and newborns and that a midwife is educationally prepared to administer and monitor. These may not include schedule II-IV drugs.</p>
<p><b>Maryland</b></p>	<p>To be licensed as a Certified Professional Midwife, and individual:</p> <ol style="list-style-type: none"> <li>1) Shall hold a CPM credential granted by NARM; and</li> <li>2) (i) Shall have completed a MEAC or a (ii) non-MEAC program if certified by NARM before January 15, 2017, so long as the individual provides verification of completion of NARM-approved clinical requirements and evidence of completion, in the past 2 years, of an additional 50 hours of continuing education approved by the board and accredited by MEAC, ACNM, or ACCME, including (A) 14 hours of obstetric emergency skills training and (B) the remaining 36 hours divided among pharmacology, lab interpretation of pregnancy, antepartum complications, intrapartum complications, postpartum complications, and neonatal care.</li> </ol>	<p>State Board of Nursing</p>	<p>Ordering and administering medication is allowed. A DEM Advisory Committee established under this Act, with the approval of the State Board of Nursing, shall convene a workgroup to study the development of a formulary, including types of medications, equipment, and devices to be included on the formulary and</p>

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	An applicant must also submit to a criminal background check, be of good moral character, be a high school graduate (or equivalent), be at least 21 years old, hold current American Red Cross or American Heart Association CPR certification, and have completed in the past 2 years the AAP/American Heart Association Neonatal Resuscitation Program.		explain the method by which the workgroup decided which medications, equipment, and devices will be included in the formulary, with report back to the BON by January 1, 2016.  Prohibited: Pharmacological induction, administration of any narcotic analgesic.
<b>Massachusetts</b>	None.	N/A	N/A
<b>Michigan</b>	None.	N/A	N/A
<b>Minnesota</b>	To be licensed as a traditional midwife, one must: submit a diploma from an approved education program or submit evidence of having completed an apprenticeship; submit a verified copy of a valid and current credential, issued by the North American Registry of Midwives or other national organization recommended by the advisory council and approved by the board, as a certified professional midwife; submit current certification from the American Heart Association or the American Red Cross for adult and infant cardiopulmonary resuscitation; submit a copy of the applicant's medical consultation plan; submit documentation verifying that the applicant has the following practical experience through an apprenticeship or other supervisory setting: (i) the provision of 75 prenatal examinations, including 20 initial examinations; (ii) supervised participation in 20 births, ten of which must be in a home setting; (iii) participation as the primary birth attendant under the supervision of a licensed traditional midwife at an additional 20 births, ten of which must have occurred outside a state licensed health care facility; (iv) 20 newborn examinations; and (v) 40 postpartum examinations. (Minn. Stat. § 147D.17, subd. 1)	The Board of Medical Practice, in consultation with the Advisory Council on Traditional Midwifery. (Minn. Stat. §§ 147D.01, subd. 4; 147D.25).	A licensed traditional midwife may administer vitamin K either orally or through intramuscular injection, postpartum antihemorrhagic drugs under emergency situations, local anesthetic, oxygen, and a prophylactic eye agent to the newborn infant.
<b>Mississippi</b>	Mississippi does not license direct-entry midwives, but the practice of medicine is defined so that it specifically does not encompass females engaged solely in the practice of midwifery. (Miss. Code § 73-25-33).	N/A	N/A
<b>Missouri</b>	Missouri does not license direct-entry midwives, but within the state, any person who holds current ministerial or tocological certification by an organization accredited by the National Organization for Competency Assurance (NOCA) may provide services as defined in 42 U.S.C. 1396 r-6(b)(4)(E)(ii)(I) (“services related to pregnancy (including prenatal, delivery, and post partum services)”). (§ 376.1753 R.S. Mo.).	N/A	N/A
<b>Montana</b>	To be eligible for a license as a direct-entry midwife, an applicant: shall satisfactorily complete educational requirements in pregnancy and natural childbirth, approved by the board; shall acquire practical experience, which may be attained in a home, clinic, or hospital setting that includes the following types and numbers of experiences acquired through an apprenticeship or	Alternative Health Care Board. (Mont. Code § 37-27-103 (2)).	A licensed direct-entry midwife may not dispense or administer prescription drugs other than newborn vitamin K (oral or

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	<p>other supervisory setting: (a) provision of 100 prenatal examinations, (b) observation of 40 births, and (c) participation as the primary birth attendant at 25 births, 15 of which included continuous care; shall be certified by the American heart association or American red cross to perform adult and infant cardiopulmonary resuscitation; shall file documentation with the board that the applicant has been certified by the American academy of pediatrics or the American heart association to perform neonatal resuscitation; and shall take the North American Registry of Midwives (NARM) examination as endorsed by the board, or any other examination to be prescribed or endorsed by the board. (Mont. Code §§ 37-27-201, 37-27-202; Mont. Admin. Regs. 24.111.604 (2)).</p>		<p>intramuscular preparations), pitocin (intramuscular) postpartum, xylocaine (subcutaneous), and, in accordance with administrative rules adopted by the department of public health and human services, prophylactic eye agents to newborn infants. These drugs may be administered only if prescribed by a physician. (Mont. Code §§ 37-27-302)</p>
<b>Nebraska</b>	None.	N/A	N/A
<b>Nevada</b>	None.	N/A	N/A
<b>New Hampshire</b>	<p>To qualify for initial certification an applicant who is not a practicing midwife as defined in Mid 301.01(m) shall: have completed one college-level course in human anatomy and physiology, or received equivalent college-level credit through examination in anatomy and physiology; hold a current certificate in adult and infant and child CPR issued by either the American Heart Association or the American Red Cross; hold a current certificate as a provider of neonatal resuscitation; have achieved the following under a preceptorship: (1) Performed at least 100 prenatal visits on at least 15 different clients, including at least 5 prenatal visits and postpartum follow-up on each of 10 clients, (2) Attended at least 25 live out-of-hospital births as an observer or person assisting the midwife, (3) Attended at least 25 live out-of-hospital births at which the applicant was the primary birth attendant, (4) Observed at least 5 in-hospital births, which may include births of clients who were transferred by the midwife preceptor from a home or freestanding birthing center location to a hospital facility during labor, (5) Performed at least 25 newborn examinations, (6) Performed at least 5 repairs of lacerations, and (7) Performed at least 30 postpartum home or office visits; pass the NARM written examination for certification as a CPM; pass a written examination which shall test the applicant’s knowledge of RSA 326-D and these rules; and pass an oral examination. (N.H. Admin. R. Mid. 303.01 (m); 303.03 (a); 304.01 (a)).</p>	<p>Midwifery Council. (N.H. Rev. Stat. 326-D:3).</p>	<p>A midwife administer the following medications under the conditions indicated:</p> <ul style="list-style-type: none"> <li>(a) Rh immune globin (Rhogam), if indicated.</li> <li>(b) Eye prophylaxis in accordance with RSA 132:6.</li> <li>(c) Oxygen for fetal distress and infant resuscitation.</li> <li>(d) Lidocaine Hydrochloride by infiltration and suture material, but only for the purpose of postpartum repair of tears, lacerations, or episiotomy.</li> <li>(e) Vitamin K by injection or oral vitamin K for control and prevention of acute and late onset hemorrhagic disease in the newborn.</li> <li>(f) Oxytocins such as pitocin, ergotrate, and methergine, by injection or orally, only for postpartum control of maternal hemorrhage.</li> <li>(g) Intravenous fluids such as Ringer's Lactate with or without</li> </ul>

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			<p>D5W and Normosol-R with or without D5W, with no additional medications unless specifically ordered by physician.</p> <p>(h) Other drugs or medications as prescribed by a physician, consistent with the scope of midwifery practice as defined by the council.</p> <p>A midwife certified pursuant to this chapter may lawfully purchase and have possession of the medications named in RSA 326-D:12,</p> <p>N.H. Rev. Stat. § 326-D:12</p>
<p><b>New Jersey</b></p>	<p>Midwives must receive a certificate or diploma from a legally incorporated school of midwifery, or maternity hospital, in good standing in the opinion of the board at the time of issuing the certificate or diploma, granted after at least 1800 hours' instruction within a period of not less than 9 months in a midwifery program accredited by the ACNM, ACC or the Midwifery Education Accreditation Council (MEAC), or their successors; be certified by either ACNM, ACC, NARM, or their successors; and pass an examination. (N.J. Stat. § 45:10-3; N.J. Admin. Code § 13:35-2A.4 (a)).</p>	<p>State Board of Medical Examiners in consultation with the Midwifery Liason committee. (N.J. Stat. § 45:10-2; N.J. Admin. Code § 13:35-2A.3).</p>	<p>A certified nurse midwife who meets the qualifications pursuant to section 3 of this act<sup>1</sup> may prescribe drugs, as delineated in standing orders and practice protocols developed in agreement between a certified nurse midwife and a collaborative physician. (N.J.S.A. 45:10-18)</p> <p>To qualify to prescribe drugs pursuant to section 2 of this act,<sup>1</sup> a certified nurse midwife shall have completed 30 contact hours, as defined by the National Task Force on the Continuing Education Unit, in pharmacology or a pharmacology course, acceptable to the board, in an accredited institution of higher education approved by the Department of Higher Education or the board. (N.J.S.A. 45:10-19)</p>

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<b>New Mexico</b>	An applicant for midwifery licensure must meet the following requirements: successfully complete the following: a minimum of 12 months of theoretical and clinical education; complete a midwifery education program licensed by the New Mexico Commission for Higher Education or accredited by the Midwifery Education Accreditation Council or other United States Department of Education-recognized accrediting agency; complete an apprenticeship that provides the following clinical experience: (1) Complete well-woman health assessment: 25, (2) Prenatal visits of at least 15 different women: 100, (3) Labor observations and managements: 40, (4) Start an IV successfully: 1, (5) Delivery of newborn and placenta: 25, (6) Newborn examinations: 30, (7) Use of prophylactic eye medications: 15, (8) Postpartum visits to mother and baby within 36 hours of delivery: 30, (9) Blood collection for Newborn Metabolic Screening: 15, (10) Six week postpartum and/or yearly physical exams and pap smears: 15, (11) Family planning visits, consultations, and/or referrals: 30, (12) Neonatal intensive care nursery observation at UNM Hospital or equivalent high risk medical facility nursery experience: After at least 6 months of apprenticeship, (13) High risk obstetric care observation at UNM Hospital special OB clinic or equivalent medical facility experience: After at least 6 months of apprenticeship, (14) Provision of one complete series of prepared childbirth classes: After at least 6 months of apprenticeship, and (15) Observation of one complete breast feeding information series: After at least 6 months of apprenticeship; complete the Division-approved examination with a passing score no more than one year before applying for licensure, or submit proof of CPM certification and complete an abbreviated Division-approved examination with a passing score; and submit to the Division evidence of current certification in cardiopulmonary resuscitation of the adult and IV therapy and current recognition by the Neonatal Resuscitation Program of the American Academy of Pediatrics. (N.M.A.C. §§ 16.11.3.8 (B)(3), 16.11.3.8 (C)(1), 16.11.3.10 (B)).	Department of Health. (N.M. Stat. § 24-1-2 (A)).	Certified nurse-midwives who have fulfilled requirements for prescribing drugs may prescribe, distribute and administer to their patients dangerous drugs, including controlled substances included in Schedules II through V (N. M. S. A. 1978, § 24-1-4.1)
<b>New York</b>	To meet the professional education requirement for licensure as a midwife in this State, the applicant shall present satisfactory evidence of either: (i) completion of a degree or diploma program in registered professional nursing that contains the educational preparation for the practice of nursing, or an equivalent program as determined by the department and completion of a program in midwifery; or (ii) completion of a program in midwifery which is either: (a) registered by the department pursuant to section 52.20(b)(2) of this Title; or (b) determined by the department to be the equivalent of such a registered program. (NY ADC 79-5.2 (a)). Each candidate for licensure as a midwife shall also pass an examination that is determined by the department to measure the applicants knowledge of and judgment concerning curricular areas as defined in section 52.20 (b) of this Title and other matters of law, ethics, or practice as may be deemed appropriate by the department. (NY ADC 79-5.3 (a)).	State Board of Midwifery. (NY Educ. Law § 6954).	A midwife shall obtain a certificate from the department upon successfully completing a program including a pharmacology component, or its equivalent, as established by the commissioner's regulations prior to prescribing under this section. (§ 6951. Definition of practice of midwifery)
<b>North Carolina</b>	In North Carolina, only nurse midwives are eligible for approval to practice midwifery in the state. (N.C. Gen. Stat. §§ 90-178.3, 90-178.5).	N/A	N/A
<b>North Dakota</b>	None.	N/A	N/A

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Ohio	Ohio does not license or otherwise regulate direct-entry midwives, but it does expressly allow direct-entry midwives to practice in “freestanding birthing centers.” (OAC 3701-83-56, et. seq.).	N/A	N/A
Oklahoma	None.	N/A	N/A
Oregon	<p>(1) Except as provided in subsection (2) of this section, a person may not practice direct entry midwifery in this state unless the person holds a license to practice direct entry midwifery under ORS 687.405 to 687.495.</p> <p>(2) A person may practice direct entry midwifery in this state without a license to practice direct entry midwifery if:</p> <p>(a) The person is a licensed health care practitioner and the services described in ORS 687.405 are within the scope of the person's license; or</p> <p>(b)(A) The person is acting as a traditional midwife and does not use legend drugs or devices, the use of which requires a license under the laws of this state;</p> <p>(B) The person does not advertise that the person is a midwife; and</p> <p>(C) The person discloses to each client on a form adopted by the State Board of Direct Entry Midwifery by rule:</p> <p>(i) That the person does not possess a professional license issued by the state;</p> <p>(ii) That the person's education and qualification have not been reviewed by the state;</p> <p>(iii) That the person is not authorized to carry and administer potentially life saving medications;</p> <p>(iv) That the risk of harm or death to a mother or newborn may increase as a result of the information described in sub-subparagraphs (i) and (ii) of this subparagraph;</p> <p>(v) A plan for transporting the client to the nearest hospital, as defined in ORS 442.015, if a problem arises during labor or childbirth;</p> <p>(vi) That the client will not have recourse through a complaint process; and</p> <p>(vii) The types of midwives who are licensed by the state.</p> <p>(3) If supervised by a person licensed to practice direct entry midwifery, a student midwife, birth assistant or other individual may assist the direct entry midwife in the provision of services described in ORS 687.405.</p> <p>(4) A license to practice direct entry midwifery under ORS 687.405 to 687.495 is required for purposes of reimbursement under medical assistance programs. (ORS 687.415).</p> <p>(1) The State Board of Direct Entry Midwifery shall establish standards for qualifications for the licensure of direct entry midwives. Such standards shall</p> <p>(a) Be consistent with the requirements for becoming a certified professional midwife as established by the North American Registry of Midwives;</p> <p>(b) Require the applicant to hold a Certified Professional Midwife credential established by the</p>	The Oregon Health Licensing Agency, in consultation with the State Board of Direct Entry Midwifery. (ORS 687.470; 687.485).	To be granted a license, an applicant must successfully complete the Initial Legend Drugs and Devices Program consisting of 40 clock hours of instruction in the approved curriculum. Each component of the initial program must be completed within the two years or 24 months immediately preceding the date of application. The initial program must be taught by a MEAC accredited or pre-accredited school, the Oregon Midwifery Council, or by an organization authorized by the Board. The program is composed of theory, hands-on practice, and skills testing for competency. (OAR 332-015-0070)

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	<p>North American Registry of Midwives;</p> <p>(c) Require the applicant to successfully complete an examination approved by the board;</p> <p>(d) Require the applicant to be certified in cardiopulmonary resuscitation for infants and adults;</p> <p>(e) Require the applicant to submit a written plan for emergency transport of prospective patients;</p> <p>(f) Require the applicant to hold a high school diploma or to successfully pass a high school equivalency course; and</p> <p>(g) Require that the applicant participate in at a minimum: (A) 25 assisted deliveries; (B) 25 deliveries for which the applicant was the primary care provider; (C) 100 prenatal care visits; (D) 25 newborn examinations; and (E) 40 postnatal examinations.</p> <p>(3) A direct entry midwife licensed under this section is entitled to payment under the rules of the medical assistance program for services provided to an eligible recipient of medical assistance. (ORS 687.420)</p>		
<b>Pennsylvania</b>	<p>It is unlawful for any person, except a duly licensed physician or osteopath, to practice midwifery in this Commonwealth, before receiving a certificate from the State Board of Medical Education and Licensure of the Commonwealth of Pennsylvania (63 P.S. § 171), but only nurse midwives may be licensed/certified. (Pa. Code § 18.2).</p>	N/A	N/A
<b>Rhode Island</b>	<p>Applicants for a license to practice midwifery in Rhode Island shall hold a current certification as a midwife or nurse-midwife by the American College of Nurse-Midwives; have successfully completed an approved educational program in midwifery that is accredited by the American College of Nurse-Midwives; and pass an examination that is administered by the American Midwifery Certification Board (AMCB) in order to test the qualifications of the applicant pursuant to the statutory and regulatory requirements herein. (R.I. Admin. R23-13-MID (1.6)&amp;(7.1)).</p>	<p>State Department of Health, in consultation with the Advisory Council on Midwifery. (R.I. Gen. Laws § 23-13-9; R.I. Admin. R23-13-MID (3.0)).</p>	<p>No, only nurse-midwives may prescribe controlled substances. R.I. Admin. R23-13-MID (10.2)</p>
<b>South Carolina</b>	<p>In order to apply to become a licensed midwife, a person must: complete an educational program (includes self-study) approved by the Department; complete an apprenticeship that provides clinical experience as follows: a. Sixty prenatal visits (of at least 15 different women), b. Twenty labor observations, c. Fifteen labor managements and delivery of baby and placenta, d. Fifteen newborn exams, e. Fifteen postpartum visits (to 15 different women) within 36 hours of leaving the home, f. Observation of one complete course of prepared childbirth education, and g. Observation of one complete breastfeeding series; be certified by the American Red Cross or American Heart Association in cardiopulmonary resuscitation of the adult and</p>	<p>South Carolina Department of Health and Environmental Control. (S.C. Code Regs. § 61-24 (A)(7)).</p>	<p>Medications. Drugs or medications shall be administered only after consultation with, and prescription by, a physician. The midwife shall not administer any drugs or medications except:</p> <p>a. For control of postpartum hemorrhage;</p>

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	newborn within the previous year; and pass a qualifying examination (S.C. Code Regs. § 61-24 (C)&(E)).		b. When administering medication in accordance with regulations governing the prevention of infant blindness; c. When administering RhoGam in accordance with accepted standards of professional practice. S.C. Code Regs. § 61-24 (H)(5)
<b>South Dakota</b>	None.	N/A	N/A
<b>Tennessee</b>	In order to receive certification as a certified professional midwife, an applicant shall: obtain certification from NARM and currently hold the title of CPM; and be CPR certified including infant or neonatal resuscitation. (Tenn. Code Ann. § 63-29-108 (b)).	The board of osteopathic examiners in consultation with the council of certified professional midwifery. (Tenn. Code Ann. § 63-29-102 (2)).	
<b>Texas</b>	A person qualifies to become a licensed midwife if she submits evidence of: either (A) satisfactory completion of a mandatory basic midwifery education course approved by the Midwifery Board and the North American Registry of Midwives (NARM) exam or any other comprehensive exam approved by the Midwifery Board, (B) certified professional midwife (CPM) certification by NARM and satisfactory completion of a continuing education course covering the current Texas Midwifery Basic Information and Instructors Manual, or (C) satisfactory completion of a basic midwifery education course accredited by the Midwifery Education Accreditation Council (MEAC); a continuing education course covering the current Texas Midwifery Basic Information and Instructors Manual; and the North American Registry of Midwives (NARM) exam or any other comprehensive exam approved by the Midwifery Board; current cardiopulmonary resuscitation (CPR) certification; current certification for neonatal resuscitation, §§1 - 4, from the American Academy of Pediatrics; satisfactory completion of training in the collection of newborn screening specimens or an established relationship with another qualified and appropriately credentialed health care provider who has agreed to collect newborn screening specimens on behalf of the applicant; and proof of passing the jurisprudence examination approved by the Midwifery Board. (22 Tex. Admin. Code § 831.13 (a)).	Midwifery Board. (Tex. Occ. Code § 203.051).	A midwife may not administer a prescription drug other than administer a prescription drug to a client other than: (A) a drug administered under the supervision of a licensed physician in accordance with state law; (B) prophylaxis approved by the department to prevent ophthalmia neonatorum; or (C) oxygen administered in accordance with midwifery board rule; (V.T.C.A., Occupations Code § 203.401)
<b>Utah</b>	Each applicant for licensure as a licensed Direct-entry midwife shall: hold a Certified	Licensed Direct-	No.

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	Professional Midwife certificate in good standing with the North American Registry of Midwives or equivalent certification approved by the division in collaboration with the board; hold current adult and infant CPR and newborn resuscitation certifications through an organization approved by the division in collaboration with the board; and provide documentation of successful completion of an approved pharmacology course as defined by division rule. (Utah Code Ann. § 58-77-302). However, it is lawful to practice Direct-entry midwifery in the state without being licensed under this chapter. (Utah Code Ann. § 58-77-501).	Entry Midwife Board. (Utah Code Ann. § 58-77-201).	
<b>Vermont</b>	A person shall be eligible to be licensed as a midwife if the person is certified as a certified professional midwife (CPM) by the North American Registry of Midwives (26 Vt. Stat. § 1483), and has a current cardiopulmonary resuscitation certification for adults and newborns and for neonatal resuscitation. (Code Vt. R. ch. 360, Rule 3.10).	Office of Professional Regulation. (26 Vt. Stat. § 1481 (1)).	
<b>Virginia</b>	The Board may license an applicant as a midwife after such applicant has submitted evidence satisfactory to the Board that he has obtained the Certified Professional Midwife (CPM) credential. (Va. Code § 54.1-2957.8 (A)).	Board of Medicine in consultation with the Advisory Board on Midwifery. (Va. Code § 54.1-2957.9).	No prescriptive authority. (Va. Code § 54.1-2957.9)
<b>Washington</b>	Applicants for licensure must: receive a certificate or diploma from a midwifery program accredited by the secretary; obtain a minimum period of midwifery training for at least three years including the study of the basic nursing skills; undertake the care of not less than fifty women in each of the prenatal, intrapartum, and early postpartum periods; observe an additional fifty women in the intrapartum period; and pass the midwifery examination offered by the North American Registry of Midwives (NARM) and the Washington state specific component examination. (Rev. Code Wash. §§ 18.50.040, 18.50.060; Wash. Admin. Code 246-834-050).	Department of Health in consultation with the Midwifery Advisory Committee. (Rev. Code Wash. §§ 18.50.005 (1), 18.50.140).	Midwives may obtain and administer prophylactic ophthalmic medication, postpartum oxytocic, vitamin K, Rho immune globulin (human), and local anesthetic and may administer such other drugs or medications as prescribed by a physician. (RCW 18.50.115)
<b>West Virginia</b>	None.	N/A	N/A
<b>Wisconsin</b>	The department may grant a license to a person under this subchapter if: the person submits evidence satisfactory to the department of one of the following: 1. The person holds a valid certified professional midwife credential granted by the North American Registry of Midwives or a successor organization, or 2. The person holds a valid certified nurse–midwife credential granted by the American College of Nurse Midwives or a successor organization; and the person has current proficiency in the use of an automated external defibrillator. (Wis. Stat. Ann. § 440.982 (1m)).	Department of Regulation and Licensing. (Wis Stat. Ann. § 440.01 (1)(aj)).	N/A
<b>Wyoming</b>	The board shall license as a midwife any person who: has graduated from a midwifery education program accredited by the midwifery education accreditation council, or a similar	Board of Midwifery. (Wyo.	N/A

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	successor organization, or has 5 years experience practicing as a licensed or certified midwife in another state; provides proof of current certification as a certified professional midwife by the North American registry of midwives or its successor organization; has completed a practicum or course of practical experience; and has provided the board with evidence of successful completion of board approved courses in the treatment of respiratory distress in newborns, pharmacology, the treatment of shock, intravenous therapy and suturing specific to midwives. (Wyo. Code § 33-46-103 (b)).	Code § 33-46-103 (a).	

Updated May 2016