



Policy: GG.1713
Title: **Certified Nurse-Midwife Practice Guidelines**
Department: Medical Management
Section: Quality Improvement

CEO Approval: /s/ Michael Hunn 09/24/2024

Effective Date: 01/01/1997

Revised Date: 09/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy defines practice guidelines for a Certified Nurse-Midwife within the scope of Covered Services provided to a Member.

II. POLICY

- A. CalOptima Health shall provide a Member with access to a Certified Nurse-Midwife, in accordance with state and contractual obligations, and CalOptima Health Policy GG.1600: Access and Availability Standards.
- B. A Health Network shall establish policies and procedures for practice guidelines for a Certified Nurse-Midwife that, at minimum, meets the requirements outlined in this policy and are consistent with applicable state and federal laws, regulations, and the Department of Health Care Services (DHCS) guidance.
- C. CalOptima Health shall Credential and recredential a Certified Nurse-Midwife, in accordance with CalOptima Health Policy GG.1650: Credentialing and Recredentialing.
- D. A Certified Nurse-Midwife shall follow the general scope of practice guidelines for furnishing services to CalOptima Health Members pursuant to applicable state and federal laws, regulations, and DHCS guidance.
- E. State law provides that a Certified Nurse-Midwife is authorized to attend to cases of normal childbirth by providing necessary care, supervision, and advice during the maternity cycle of pregnancy, labor, birth, and the immediate postpartum period, not to exceed twelve (12) months, for the mother and immediate care of the newborn. Services include:
 - 1. Assisting a Member in childbirth so long as progress meets criteria accepted as normal;
 - 2. Providing preventive care and detection of abnormal conditions in the Member and child; and
 - 3. Providing primary care services such as surveillance of health needs, access to comprehensive health care, referral to other health professionals, health counseling, and patient education.

- F. A Certified Nurse-Midwife may assume responsibility for the management of a normal pregnancy only under the following conditions:
1. The Member's medical, surgical, obstetrical history, and current health status does not reveal any condition that would adversely influence the Member's course of pregnancy, or any condition that would be unfavorably affected by the Member's pregnancy;
 2. There is no indication of current pathology present in the mother or fetus; and
 3. There are no obstetrical findings likely to require an operative delivery.
- G. Management of normal pregnancies includes:
1. Observation, assessment, and treatment of patients according to medical protocols approved by the supervising physician; and
 2. Implementation of care based upon written policies and procedures to establish a diagnosis when deviation from the norm occurs.
- H. Certified Nurse Midwives are not required to be supervised by a physician, in accordance with the California Business and Professions Code § 2746.5.
- I. The scope of a Certified Nurse-Midwife's practice under the CalOptima Health program is limited to the Certified Nurse-Midwife's assistance, under supervision of a physician, of a Member during the maternity cycle or in childbirth only while the medical status of the Member meets criteria accepted as normal. Whenever a pregnancy, or childbirth, complication develops, the Nurse-Midwife consults with the supervising physician immediately.
- J. All deliveries performed by a Certified Nurse-Midwife shall be performed in a Freestanding Birthing Center, or a licensed acute facility approved by the Joint Commission (JC), or other Centers for Medicare & Medicaid Services (CMS)-deemed accrediting organization.
- K. A Certified Nurse-Midwife shall maintain a professional liability insurance policy with minimum per incident and annual aggregate amounts, which are at least equal to the community minimum amounts in Orange County, California, for Nurse-Midwives. In addition, a Nurse-Midwife shall maintain such insurance policies in accordance with CalOptima Health Policy GG.1650: Credentialing and Recredentialing of Practitioners, and other insurance as is necessary to insure himself or herself, and his or her employees, agents, and representatives, against any claim, or claims, for damages arising by reason of personal injuries, or death, occurring in connection with the performance of any Covered Service as outlined in this policy, use of any property, or facility, of the Certified Nurse-Midwife, and activities performed by the Certified Nurse-Midwife in connection with providing obstetrical care to CalOptima Health Members.
- L. A Certified Nurse-Midwife providing Covered Services to a Member shall receive payment for those services only when the policies and procedures set forth in these guidelines are followed.
- M. If a Certified Nurse-Midwife is not available to a Member in the CalOptima Health Plan, the Member may self-refer to an out-of-network Certified Nurse-Midwife.

III. PROCEDURE

- A. Prior to rendering covered services to a Member, a Certified Nurse-Midwife shall obtain Standardized Procedures co-signed with a physician for whom they would refer to for services outside of their scope. Such physician:
 - 1. Is an obstetrician, or family practitioner, with current training, or experience, in obstetrical practice;
 - 2. Contracts with a Health Network, or is a CalOptima Health Direct or CalOptima Health Community Network (CHCN) Practitioner;
 - 3. Is credentialed by a Health Network or CalOptima Health; and
- B. A Certified Nurse-Midwife shall notify the CalOptima Health Utilization Management (UM) Department after initial contact with a Member, in accordance with CalOptima Health Policy GG.1701: CalOptima Health Perinatal Support Services (PSS) Program.
- C. A Certified Nurse-Midwife shall immediately notify CalOptima Health's Quality Improvement Department if the supervising physician no longer meets the requirements as described in Section III.A. of this policy, or if there is a change in supervising physician for a Member.
- D. At least once during the course of a Member's prenatal care, and prior to the Member's estimated delivery date, the supervising physician shall review and evaluate the Certified Nurse-Midwife's assessment and management of the Member to ensure that the supervising physician has adequate knowledge of the Member's status in the event that there is need for the supervising physician to assume care of the Member.
- E. A physician's co-signature or countersignature is not required for care provided by a Certified Nurse-Midwife, unless specified by standardized procedures.
- F. A Certified Nurse-Midwife shall immediately refer all complications to the supervising physician. Complications, or conditions, that warrant collaborative management or transfer to physician care include, but are not limited to:
 - 1. Hypertension, severe pre-eclampsia;
 - 2. Malpresentation (breech, brow, face, abnormal lie, etc.) in labor;
 - 3. Dysfunctional labor;
 - 4. Third stage hemorrhage, or retained placenta;
 - 5. Multiple gestation;
 - 6. Preterm labor;
 - 7. Fetal demise;
 - 8. Prolapsed cord;
 - 9. Fetal distress;

10. Rh sensitization;
 11. Cardiac disease;
 12. Chronic renal disease;
 13. Thrombophlebitis;
 14. Diabetes mellitus, class A2 or greater;
 15. No prenatal care prior to labor;
 16. Lacerations: 3rd or 4th degree lacerations shall be inspected and repaired by the physician, but the member may remain under the Certified Nurse-Midwife care;
 - a. 1st and 2nd degree lacerations may be repaired by the Certified Nurse-Midwife.
 17. Need for maintenance of psychoactive drugs;
 18. Acute bronchospasm; and
 19. Conditions agreed to by the physician and Certified Nurse-Midwife beyond the scope of nurse-midwifery practice.
- G. If a Member develops a condition that requires management by a physician, a Certified Nurse-Midwife shall transfer the Member's care to the supervising physician for management of antepartum, intrapartum, or postpartum care.
- H. If a condition requires frequent or continuing management by a physician, but certain aspects of care remain within the scope of nurse-midwifery management, a Certified Nurse-Midwife may provide those nurse-midwifery protocols that do not conflict with the aspect of care under the physician's management.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- C. CalOptima Health Policy GG.1600: Access and Availability Standards
- D. CalOptima Health Policy GG.1650: Credentialing and Recredentialing of Practitioners
- E. CalOptima Health Policy GG.1701: CalOptima Health Perinatal Support Services (PSS) Program
- F. Department of Health Care Services All Plan Letter (APL) 18-022: Access Requirements for Freestanding Birth Center and the Provision of Midwife Services
- G. Medical Managed Care Manual – CNM-, Non-Physician Medical Practitioners
- H. State of California Department of Consumer Affairs, Board of Registered Nursing, General Information: Nurse-Midwife Practice, NPR-B-31 02/2001, Rev. 10/12/2011, Board Approved 11-16-2011
- I. Title 16, California Code of Regulations (CCR), §§ 1463(a)-(e) and 1474
- J. Title 22, California Code of Regulations (CCR), §§ 51170.2, 51170.5, 51175, 51241, and 51345

- K. Title 42, Code of Federal Regulations (CFR), Section 440.210
- L. Business and Professions Code, §§2505 et seq., 2725.5, 2746.5(a)-(e), 2746.51, 2746.52, and 4061
- M. Welfare and Institutions (W&I) Code, §14132.4
- N. California Health & Safety Code, §102405 et. Seq.
- O. California Nurse Practice Act

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
03/03/2022	Department of Health Care Services (DHCS)	Approved as Submitted
11/02/2023	Department of Health Care Services (DHCS)	File and Use

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/1997	GG.1713	Nurse-Midwife Practice Guidelines, CalOptima Direct	Medi-Cal
Revised	01/01/1999	GG.1713	Nurse-Midwife Practice Guidelines, CalOptima Direct	Medi-Cal
Revised	05/01/1999	GG.1713	Nurse-Midwife Practice Guidelines, CalOptima Direct	Medi-Cal
Revised	05/01/2007	GG.1713	Nurse-Midwife Practice Guidelines, CalOptima Direct	Medi-Cal
Revised	03/01/2015	GG.1713	Nurse-Midwife Practice Guidelines	Medi-Cal
Revised	10/01/2016	GG.1713	Certified Nurse-Midwife Practice Guidelines	Medi-Cal OneCare OneCare Connect
Revised	11/01/2017	GG.1713	Certified Nurse-Midwife Practice Guidelines	Medi-Cal OneCare OneCare Connect
Revised	01/01/2019	GG.1713	Certified Nurse-Midwife Practice Guidelines	Medi-Cal OneCare OneCare Connect
Revised	10/01/2021	GG.1713	Certified Nurse-Midwife Practice Guidelines	Medi-Cal OneCare OneCare Connect
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Revised	12/31/2022	GG.1713	Certified Nurse-Midwife Practice Guidelines	Medi-Cal OneCare
Revised	10/01/2023	GG.1713	Certified Nurse-Midwife Practice Guidelines	Medi-Cal OneCare
Revised	09/01/2024	GG.1713	Certified Nurse-Midwife Practice Guidelines	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
CalOptima Health	For purposes of this policy, CalOptima Health means CalOptima Health Direct (COHD) and CalOptima Health Community Network (CHCN).
Certified Nurse-Midwife	<p><u>Medi-Cal</u>: A registered Nurse who has successfully completed a program of study and clinical experience meeting the State guidelines or has been certified by an organization recognized by the State.</p> <p><u>OneCare</u>: registered nurse certified under Article 2.5, Chapter 6 of the California Business and Professions Code with additional training as a midwife who is certified to deliver infants and provide prenatal and postpartum care, newborn care, and some routine care of women.</p>
Credentialing	<p><u>Medi-Cal</u>: The process of determining a Provider or an entity's professional or technical competence, and may include registration, certification, licensure and professional association membership.</p> <p><u>OneCare</u>: The process of obtaining, verifying, assessing, and monitoring the qualifications of a Practitioner to provide quality and safe patient care services.</p>
Free Standing Birth Center	<p><u>Medi-Cal</u>: A health facility that is not a hospital where childbirth is planned to occur away from the pregnant woman's residence, and that is licensed or otherwise approved by the State to provide prenatal labor and delivery or postpartum care and other ambulatory services that are in their scope of work as defined in 42 USC section 1396d(I)(3)(B).</p> <p><u>OneCare</u>: Defined by Title 42, United States Code, Section 1396d(I)(3)(B) as a health facility:</p> <ol style="list-style-type: none"> 1. That is not a hospital; 2. Where childbirth is planned to occur away from a pregnant woman's residence; 3. That is licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan; and 4. That complies with such other requirements relating to the health and safety of individuals furnished services by the facility as the state shall establish.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Member	A beneficiary enrolled in a CalOptima Health program.
Standardized Procedures	Authorized in the Business and Profession Code, Nursing Practice Act (NPA) Section 2725 and further clarified in California Code of Regulation (CCR 1480). Standardized procedures are the legal mechanism for registered nurses, nurse practitioners to perform functions which would otherwise be considered the practice of medicine.