# MIDWIFERY

## Does Washington state allow the practice of midwifery?

Yes.[[1]](#footnote-1) Individuals practicing midwifery, however, must be licensed by the state. Registered nurses and certified nurse midwives are exempt from the statutes and regulations regarding licensed midwifery.[[2]](#footnote-2)

## What constitutes the practice of midwifery?

The rendering of aid for a fee or compensation to a woman during prenatal, intrapartum, and postpartum stages of pregnancy or the advertisement as a midwife constitutes the practice of midwifery.[[3]](#footnote-3) A person who provides gratuitous services to pregnant women is not practicing midwifery.[[4]](#footnote-4)

## Are there any circumstances under which a licensed midwife must consult with a physician?

Yes. Under Washington law, a midwife has a duty to consult with a physician whenever there are significant deviations from normal in either the mother or the infant.[[5]](#footnote-5) Every licensed midwife must develop a written plan for consultation with other health care practitioners, emergency transfer, transport of an infant to a newborn nursery or neonatal intensive care nursery, and transport of a woman to an appropriate obstetrical department or patient care area.[[6]](#footnote-6) The written plan must be submitted annually to the Department of Health with the midwife’s license renewal fee.[[7]](#footnote-7)

## May a licensed midwife administer drugs or medications?

Yes. A licensed midwife may obtain and administer certain drugs, including:[[8]](#footnote-8)

* Prophylactic ophthalmic medications.
* Postpartum oxytocic.
* Vitamin K.
* Rho immunoglobulin (human).
* Local anesthetics.
* Intravenous fluid limited to Lactated Ringers and 5% Dextrose with Lactated Ringers.
* Heparin and 0.9% sodium chloride for use in intravenous locks.
* Sterile water for intradermal injections for pain relief.
* Magnesium sulphate for prevention of maternal seizures pending transport.
* Epinephrine for use in maternal anaphylaxis pending transport.
* Measles, Mumps and Rubella vaccine to nonimmune postpartum women.
* HBIG and HBV for neonates born to hepatitis B+ mothers.
* Tertbutaline for nonreassuring fetal heart tones and/or cord prolapse pending transport.
* Antibiotics for intrapartum prophylaxis of Group B Beta hemolytic Streptococcus (GBS) per current CDC guidelines.
* Antihemorrhagic drugs to control postpartum hemorrhage, such as misoprostel per rectum (for use only in postpartum hemorrhage), methylergonovine maleate in the absence of hypertension, oral or intramuscular, prostaglandin F2 alpha (hemobate), intramuscular.

A licensed midwife may also administer other drugs or medications prescribed by a physician.[[9]](#footnote-9) The client’s record must contain documentation of all medications administered.[[10]](#footnote-10) The licensed midwife must have a procedure, policy or guideline for the use of each drug.[[11]](#footnote-11)

1. RCW 18.50.020. [↑](#footnote-ref-1)
2. RCW 18.50.032. [↑](#footnote-ref-2)
3. RCW 18.50.010. [↑](#footnote-ref-3)
4. *Id*. [↑](#footnote-ref-4)
5. *Id*. [↑](#footnote-ref-5)
6. RCW 18.50.108. [↑](#footnote-ref-6)
7. *Id*. [↑](#footnote-ref-7)
8. RCW 18.50.115; WAC 246-834-250(2). [↑](#footnote-ref-8)
9. RCW 18.50.115. [↑](#footnote-ref-9)
10. WAC 246-834-250(3). [↑](#footnote-ref-10)
11. WAC 246-834-250(4). [↑](#footnote-ref-11)