

Washington Licensed Midwives

Scope of Practice

WA Licensed Midwives (LMs) are regulated by the Washington State Department of Health.

[RCW 18.50.010](#) requires LMs to consult with a physician whenever there are significant deviations from normal in either the mother or the newborn.

[RCW 18.50.108](#) requires LMs to develop a written plan for consultation with other health care providers, 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. The written plan must be submitted annually together with the license renewal fee to the Department of Health.

Training Requirements

WA LMs are required by RCW 18.50.040 to obtain a minimum period of midwifery training for at least three years which includes the study of: obstetrics; neonatal pediatrics; basic sciences; female reproductive anatomy and physiology; behavioral sciences; childbirth education; community care; obstetrical pharmacology; epidemiology; gynecology; family planning; genetics; embryology; neonatology; the medical and legal aspects of midwifery; nutrition during pregnancy and lactation; breastfeeding; nursing skills, including but not limited to injections, administering intravenous fluids, catheterization, and aseptic technique; and such other requirements prescribed by rule.

Bastyr University Department of Midwifery offers a Masters of Science in Midwifery degree. More than half of the LMs in WA have graduated from this program since 2010 or from its predecessor, the Seattle Midwifery School, founded in 1978. The remaining LMs in the state have completed their education through one of several accredited distance learning programs, including the Midwives College of Utah and the National College of Midwifery. A majority of the LMs in WA, having completed the North American Registry of Midwives exam, also hold the national credential of Certified Professional Midwife (CPM).

Legend Drugs and Devices [WAC 246-834-250](#)

- (1) Licensed midwives may purchase and use legend drugs and devices as follows:
- (a) Dopplers, syringes, needles, phlebotomy equipment, sutures, urinary catheters, intravenous equipment, amnihooks, airway suction devices, electronic fetal monitors, tocodynamometer monitors, oxygen and associated equipment, glucose monitoring systems and testing strips, neonatal pulse oximetry equipment, hearing screening equipment, and centrifuges;
 - (b) Nitrous oxide as an analgesic, self-administered inhalant in a 50 percent blend with oxygen, and associated equipment, including a scavenging system;
 - (c) Neonatal and adult resuscitation equipment and medication, including airway devices and epinephrine for neonates.

(2) Pharmacies may issue breast pumps, compression stockings and belts, maternity belts, diaphragms and cervical caps, glucometers and testing strips, iron supplements, prenatal vitamins, and recommended vaccines as specified in subsection (3)(e) through (j) of this section ordered by licensed midwives.

(3) In addition to prophylactic ophthalmic medication, postpartum oxytocic, vitamin K, Rho (D) immune globulin, and local anesthetic medications as listed in RCW 18.50.115, licensed midwives may obtain and administer the following medications:

- (a) Intravenous fluids limited to Lactated Ringers, 5% Dextrose with Lactated Ringers, and 0.9% sodium chloride;
- (b) Sterile water for intradermal injections for pain relief;
- (c) Magnesium sulfate for prevention of maternal seizures pending transport;
- (d) Epinephrine for use in maternal anaphylaxis and resuscitation and neonatal resuscitation, pending transport;
- (e) Measles, Mumps, and Rubella (MMR) vaccine to nonimmune postpartum women;
- (f) Tetanus, diphtheria, acellular pertussis (Tdap) vaccine for use in pregnancy;
- (g) Hepatitis B (HBV) birth dose for any newborn administration;
- (h) HBIG and HBV for any neonates born to hepatitis B+ mothers;
- (i) Influenza vaccine for use in pregnancy;
- (j) Any vaccines recommended by the CDC advisory committee on immunization practices for pregnant or postpartum people or infants in the first two weeks after birth, as it existed on the effective date of this section;
- (k) Terbutaline to temporarily decrease contractions pending emergent intrapartum transport;
- (l) Antibiotics for intrapartum prophylaxis of Group B beta hemolytic Streptococcus (GBS) per current CDC guidelines; and
- (m) Antihemorrhagic drugs to control postpartum hemorrhage including, but not limited to, oxytocin, misoprostol, methylergonovine maleate (oral or intramuscular), and prostaglandin F2 alpha.

Routine Care Provided by Licensed Midwives to Gestational Parents and Newborns in the Postpartum Period

- 18-48 hour home visit following the birth:
 - Complete physical exam for the newborn, including weight tracking²
 - Complete physical exam for the gestational parent¹
 - RhoGam for the gestational parent, as needed^{4,6}
 - Assessment of uterine tone and blood loss in the gestational parent¹
 - Initial metabolic screening³
 - CCHD screening^{4,5}
 - Jaundice assessment; bilirubin sample, as needed²
 - Lactation support and assessment^{1,2}
 - Screening for Perinatal Mood and Anxiety Disorders¹
 - Hepatitis B Vaccine (HBIG and HBV) - May vary by practice⁴
 - Hearing Screen - May vary by practice due to availability of hearing screen equipment. If a midwifery practice does not have the equipment available, newborns are referred to their pediatricians for screening.⁴

- Consultation and/or referral to pediatric care for any significant deviation from normal.²

Subsequent scheduled visits beyond the 18-48 hour home visit vary with each midwifery practice; scope of practice for licensed midwives covers care provided to newborns for the first two weeks of life and gestational parents through 6 weeks postpartum.^{1 2}

Example of Routine Postpartum Care for Licensed Midwives in Washington State:

- 18-48 hour visit covering the above topics and assessments
- Additional visits in the first week for lactation support, newborn weight management, bilirubin jaundice monitoring, as needed.²
- 1-2 week visit
 - Assessment of gestational parent/newborn wellbeing including physical exam^{1,2}
 - Screening for Perinatal Mood and Anxiety Disorders¹
 - Newborn weight assessment and management as needed²
 - Lactation support^{1,2}
 - Follow-up metabolic screening³
 - Referral to pediatrician for routine newborn care
- 3-4 week visit
 - Assessment of gestational parent wellbeing including physical exam¹
 - Screening for Perinatal Mood and Anxiety Disorders¹
- 5-6 week visit
 - Assessment of gestational parent wellbeing including physical exam¹
 - Screening for Perinatal Mood and Anxiety Disorders¹
 - Family planning counseling¹
 - Pelvic exam/pap smear, as needed¹

¹ [RCW 18.50.010](#)

² [WAC 246-834-255](#)

³ [RCW 70.83.020](#)

⁴ [WAC 246-834-250](#)

⁵ [RCW 70.83.090](#)

⁶ [RCW 18.50.115](#)