

Washington Licensed Midwives (ed 4/22/25)

Scope of Practice

WA Licensed Midwives (LMs) are regulated by the Washington State Department of Health. They are licensed to provide prenatal, intrapartum, postpartum and newborn care and are tasked with consulting with a physician whenever there are significant deviations from normal in either the parent or the newborn per [RCW 18.50.010](#). Midwives who practice in birth centers have additional restrictions based on requirements of licensed birth centers in [RCW 18.46](#). Licensed birth center only deliver singleton cephalic term babies. Elements of newborn care can be found in [WAC 246-834-255](#)

[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 an individual 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.

[RCW 18.50.115](#) allows for LMs to obtain three separate license extensions that can be used to increase their scope of care. With these extensions, midwives can prescribe medications for the prevention or treatment of common perinatal conditions, insert and remove IUDs, and insert and remove implantable contraception.

Training Requirements

WA LMs are required by [RCW 18.50.040](#) to train for at least three years and include both didactic work and clinical rotations. Didactic work 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 and nursing skills (including injections, IV administration, catheterization, and aseptic technique). Clinical requires at least two sites that are focused on birth center or home birth where students learn all aspects of care and they must have participated in at least 100 deliveries before being eligible for Washington licensing.

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

According to [WAC 246-834-250](#) licensed midwives can:

- Draw blood and collect appropriate samples for lab testing (for example routine bloodwork, paps, bilirubin, newborn screening samples)
- Administer appropriate vaccinations during pregnancy and in the newborn period.
- Administer Rho(D) immune globulin as appropriate
- Administer IVs (for hydration, antibiotics during labor, and hemorrhage treatment).
- Perform limited OB ultrasound and refer out to radiology or MFM for more detailed ultrasounds. They can perform NSTs.
- Suture routine lacerations after delivery (including appropriate anesthetics)
- Monitor fetuses using NSTs in the antepartum period (though they do not provide continuous fetal monitoring during labor)
- Perform urinary catheterization
- Utilize drugs and devices to manage hemorrhage (for example: antihemorrhagics like pitocin, misoprostol and methergin, TXA, jada)
- Perform neonatal resuscitation including using of oxygen, masks, pulse ox, LMAs, and cpap, and UVC or IO epinephrine
- Prescribe glucometers for managing blood sugar during pregnancy, and do asses glucose values in the gestational parent or newborn
- Administer nitrous oxide for analgesia during labor and other procedures
- Prescribe and administer multiple types of birth control (including hormonal and non-hormonal, IUDs, and implants)
- Perform hearing screens on infants
- Prescribe medications for common perinatal conditions (for example: anti-emetics, antibiotics, antifungals, stool softeners, prenatal vitamins, hormonal and non-hormonal birth control, and others)

Routine Care Provided by Licensed Midwives to in the Prenatal Period

- 7-15 prenatal visits throughout pregnancy
- Initial history taking, physical exam, and discussion of all screening tests offered for both gestational parent and fetal health
- Screening and diagnostic bloodwork, as appropriate
- Vaccinations and Rho(D) immune globulin, as appropriate
- Ultrasounds and NSTs as appropriate, done onsite or through referral
- Medications prescribed as necessary for common perinatal conditions, avoiding additional unnecessary visits to a primary care doctor
- Continual assessment of appropriateness of community birth or referral for in-hospital delivery

Routine Care Provided by Licensed Midwives during Labor

- Labor and delivery care for babies at term. Licensed midwives can deliver breech and twins, but birth center based practices do not

- Can provide GBS prophylaxis, IV fluids PRN
- Intermittent fetal monitoring (shown to be adequate for low-risk pregnancies)
- Nitrous oxide for pain relief
- No pharmacologic induction of labor or augmentation
- No epidurals
- No forceps or vacuum deliveries
- Facilitation to hospital care when necessary (for example: prolonged labor, patient request for pain relief, postpartum hemorrhage, need for care not available in the community – like augmentation, surgery, forceps, or vacuum). This includes providing necessary records, giving report to the receiving provider, and coming to the hospital for a handoff.

Routine Care Provided by Licensed Midwives to Gestational Parents and Newborns ([WAC 246-834-255](#)) in the 24 Hour Postpartum Period

- Active management
- Initial postpartum hemorrhage management (transfer to hospital if appropriate)
- Initial newborn resuscitation (transfer to hospital if appropriate)
- IV fluids PRN
- Suturing of 1st and 2nd degree lacerations
- Lactation support
- Full newborn exam with tongue tie assessment
- Newborn procedures can include vitamin K, erythromycin, hepatitis B vaccine, glucose levels, pulse oximetry, blood typing, hearing screen
- Discharge at 3-5 hours post delivery with planned in-home follow up the next day
- Home visit with newborn metabolic screen, CCHD, weight check and jaundice/bilirubin screen for baby
- Home visit with physical exam, lactation assistance, and Rho(D) immunoglobulin administration as appropriate

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

- Two weeks of care for newborn patients, including lactation help, weight checks, 2nd metabolic screen, jaundice/bilirubin screening, and referral to a pediatrician for ongoing care
- Six weeks of care for parent, lactation support, screening for postpartum mood disorders, cervical cancer screening, family planning counseling, and referral for ongoing care
- Referral to the hospital for complications including postpartum pre-eclampsia, jaundice requiring treatment, or other conditions requiring a higher level of care.
- The HCA has defined the “postpartum period” as twelve months after delivery, so some midwives may continue seeing the gestational parent for normal postpartum care. This may include blood draws to check on recovery from childbirth, BP checks to assess for normotensive status, family planning services, and continuing screening for postpartum mood disorders.