

Chapter N 4

LICENSURE OF NURSE–MIDWIVES

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Note: Chapter N 6 as it existed on September 30, 1985 was renumbered Chapter N 4, effective October 1, 1985.

N 4.01 Authority and intent. (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5), 227.11 and 441.15, Stats.

(2) The intent of the board of nursing in adopting rules in this chapter, interpreting s. 441.15, Stats., is to specify the requirements for obtaining licensure as a nurse–midwife; the scope of practice of nurse–midwifery; and the types of facilities in which such practice may occur.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (2), Register, May, 1990, No. 413, eff. 6–1–90; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413.

N 4.02 Definitions. As used in this chapter:

(1) “Board” means board of nursing.

(2) “Bureau” means bureau of health service professions within the department of regulation and licensing, located at 1400 East Washington Avenue, Madison, Wisconsin.

(3) “Complications” means those conditions which jeopardize the health or life of the newborn or mother and which deviate from normal as defined in the formal written agreement and as recognized in the nurse–midwife profession, including but not limited to: hemorrhage, heart disease, diabetes, infection, hypertension of pregnancy and hemolytic disease of the newborn.

(4) “Formal written agreement” means an agreement between the supervising physician and the nurse–midwife which is permanently recorded, dated and signed by both parties, is available for inspection upon reasonable request, and consists of at least the following: framework of mutually approved protocols including conditions of supervision and referral, clearly delineated lines of referral in the event the supervising physician is not available, health care facilities to be used and evidence of annual review.

(5) “General supervision by a physician” means the assumption of responsibility, by a physician trained in obstetrics, of medical procedures which are or may be required in the course of nurse–midwifery practice. General supervision shall not be construed to mean the physical presence of the supervising physician. Supervision includes, but is not limited to:

(a) Participation in the construction of written protocol;

(b) Availability for consultation or collaborative management of deviations from normal.

(6) “Nurse–midwife” means a nurse–midwife licensed by the board.

(7) “Refer to the supervising physician” means consultation with the supervising physician which may lead to co–management or assumption of the patient’s care by the physician.

(8) “Direct supervision” means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; cr. (8), Register, September, 1985, No. 357, eff. 10–1–85; am. (2), (6) and (8), Register, May, 1990, No. 413, eff. 6–1–90.

N 4.03 Qualifications for licensure. An applicant for licensure as a nurse–midwife shall be granted licensure by the board, provided that the applicant:

(1) Has completed an educational program in nurse–midwifery approved by the American college of nurse–midwives;

(2) Holds a certificate issued by the American college of nurse–midwives; and,

(3) Is currently licensed to practice as a professional nurse in Wisconsin.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (intro.) and (3), Register, May, 1990, No. 413, eff. 6–1–90.

N 4.04 Application procedures for licensure. (1) An applicant for licensure to practice as a nurse–midwife shall file a completed, notarized application on a form provided by the bureau. The application shall include:

(a) Signature of the applicant;

(b) Fee specified under s. 440.05 (1), Stats.;

(c) Evidence of completion of an educational program in nurse–midwifery approved by the American college of nurse–midwives and evidence of certification as a nurse–midwife from the American college of nurse–midwives;

(d) Identification of current licensure as a professional nurse in Wisconsin, to include licensure number and renewal information.

(2) A separate license shall be issued by the board for the practice of nurse–midwifery.

(3) Renewal of a license to practice nurse–midwifery shall be conducted as a separate procedure from the renewal of the nurse’s license as a professional nurse; however, the time for renewal of each license shall be the same. The applicant for renewal shall inform the board whether the license [certificate] issued to him or her by the American college of nurse–midwives has been revoked or suspended.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (1) (intro.), (c) and (d) and (3), Register, May, 1990, No. 413, eff. 6–1–90.

N 4.05 Temporary permits. (1) **ELIGIBILITY.** An applicant for licensure as a nurse–midwife who has completed an educational program in nurse–midwifery approved by the American college of nurse–midwives, who is currently licensed to practice as a professional nurse in Wisconsin and who has paid the fee specified in s. 440.05 (6), Stats., may be eligible for a temporary permit to practice nurse–midwifery.

(2) **ISSUING A TEMPORARY PERMIT.** The bureau of health service professions shall issue a temporary permit to an eligible applicant within one week of the determination of eligibility.

(3) **SUPERVISION REQUIRED.** The holder of a temporary permit shall practice under the direct supervision of a nurse–midwife certified under s. 441.15, Stats., or a physician. The holder may not practice beyond the scope of practice of a nurse–midwife as set forth in s. N 4.06.

(4) TITLE. The holder of a valid temporary permit under this section may use the title “graduate nurse–midwife” or the letters “G.N.M.”.

(5) DURATION. (a) Except as provided in pars. (b) to (e), the duration of a temporary permit granted by the board is:

1. For applicants who have been granted a temporary permit to practice as a registered nurse, the period which coincides with the registered nurse temporary permit.

2. For other applicants, 6 months.

(b) The temporary permit of a candidate who is unsuccessful on the examination administered by the American college of nurse–midwives is void upon receipt of the examination results by the holder and shall be returned by the holder to the board immediately. Failure to return the permit promptly shall, without further notice or process, result in a board order to revoke the permit.

(c) A temporary permit may be renewed once for a period of 3 months.

(d) A second renewal for a 3–month period may be granted in hardship cases if an affidavit is filed with the board identifying the hardship. “Hardship cases”, as used in this paragraph, includes the inability to take or complete a scheduled examination because of illness, family illness or death, accident or natural disaster or because the person is awaiting examination results.

(e) Practice under temporary permits, including renewals under pars. (c) and (d), may not exceed 12 months total duration.

(6) DENIAL. A temporary permit may be denied an applicant for any of the reasons in sub. (7) for which the board may revoke a temporary permit or for the misrepresentation of being a nurse–midwife or a graduate nurse–midwife before the granting of a permit under this section.

(7) REVOCATION. A temporary permit may, after notice and hearing, be revoked by the board for any of the following reasons:

(a) Violation of any of the rules of conduct for registered nurses in ch. N 7 or for violation of the rules governing nurse–midwives under ch. N 4.

(b) Failure to pay the required fees under s. 440.05 (6), Stats.

(c) Provision of fraudulent information on an application for licensure.

History: Cr. Register, September, 1985, No. 357, eff. 10–1–85; r. and recr. (5) (a), am. (1) to (3) and (6), Register, May, 1990, No. 413, eff. 6–1–90.

N 4.06 Scope of practice. (1) The scope of practice is the overall management of care of a woman in normal childbirth and the provision of prenatal, intrapartal, postpartal and nonsurgical contraceptive methods and care for the mother and the newborn.

(2) The nurse–midwife shall practice under the general supervision of a physician with training in obstetrics pursuant to a formal written agreement with that physician.

(3) The nurse–midwife shall immediately refer to the supervising physician a patient with any complication discovered by the nurse–midwife.

(4) Upon referral to the supervising physician, the nurse–midwife may manage that part of the care of the patient which is appropriate to the knowledge and skills of the nurse–midwife.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.05, Register, September, 1985, No. 357, eff. 10–1–85.

N 4.07 Limitations on the scope of practice. (1) The nurse–midwife shall not be involved in the independent management of patients with complications and shall refer those patients to the physician.

(2) The nurse–midwife may not perform deliveries by mechanical means or by Caesarean section.

(3) The nurse–midwife may not assume responsibilities, either by physician–delegation or otherwise, which he or she is not competent to perform by education, training or experience.

(4) Following notification of a physician as required by s. 441.15 (4), Stats., a nurse–midwife may continue to manage the delivery when complications occur if emergency measures are required and the physician has not yet arrived.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.06, Register, September, 1985, No. 357, eff. 10–1–85.

N 4.08 Licensure and exception. (1) No person may practice or attempt to practice nurse–midwifery or use the title or letters “Certified Nurse–Midwife” or “C.N.M.”, “Nurse–Midwife” or “N.M.”, or anything else to indicate that he or she is a nurse–midwife unless he or she is licensed under this chapter.

(2) Nothing in this chapter shall be construed either to prohibit or to require a license under this chapter for any person lawfully practicing professional nursing within the scope of a license granted under ch. 441, Stats.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.07, Register, September, 1985, No. 357, eff. 10–1–85; am. Register, May, 1990, No. 413, eff. 6–1–90.

N 4.09 Health care facilities where practice shall occur. A health care facility where the practice of nurse–midwifery may occur is one that has adequate equipment and personnel for conducting and monitoring the normal scope of practice and that has available methods for referral to or communication with a higher level care facility if the need arises.

(2) Deliveries may be arranged for only in a facility which has adequate sanitation, thermal regulation, staffing, communication systems and medical back–up.

(3) The above limitations do not apply to care given in emergency circumstances.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.08, Register, September, 1985, No. 357, eff. 10–1–85.