

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) (b) and 441.15 (3) (c), Stats., and interpret s. 441.15, Stats.

(2) The intent of the board of nursing in adopting rules in this chapter is to specify all of the following:

- (a) Requirements for licensure as a nurse–midwife and renewal of a license to practice nurse–midwifery.
- (b) The scope of practice of nurse–midwifery.
- (c) Requirements for health care facilities where the practice of nurse–midwifery may occur.
- (d) Malpractice insurance requirements for nurse–midwives.

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; CR 03–009: am. (2), Register November 2003 No. 575, eff. 12–1–03; **CR 20–065: am. (1), renum. (2) to (2) (intro.) and am. cr. (2) (a) to (d) Register January 2022 No. 793, eff. 2–1–22.**

N 4.02 Definitions. As used in this chapter:

- (1) “Board” means board of nursing.
- (2m) “Collaboration” has the meaning given in s. 441.15 (1) (a), Stats.
- (4) “Complications” means conditions specified in a written agreement under s. N 4.06 (2) that jeopardize the health or life of a patient and deviate from normal.
- (5) “Direct supervision” means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.
- (5e) “Hardship” includes the inability to take or complete a scheduled examination because of illness, family illness or death, accident, or natural disaster.

(5m) “Nurse–midwife” means a nurse–midwife licensed by the board.

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; CR 03–009: renum. (3), (4) and (8) to be (4), (6) and (5) and am. (4) and (6), cr. (2m), r. (5) and (7), correction made under s. 13.93 (2m) (b) 1., Stats., Register November 2003 No. 575; correction in (2) made under s. 13.92 (4) (b) 6., Stats., Register February 2012 No. 674; **CR 20–065: r. (2), am. (2m), (4), cr. (5e), r. (6) Register January 2022 No. 793, eff. 2–1–22.**

N 4.025 Licensure and exceptions. (1) Except as provided under subs. (2) and (3), unless licensed under this chapter, no person may practice or attempt to practice nurse–midwifery or use the title or letters “Certified Nurse–Midwife”, “C.N.M.”, “Nurse–Midwife”, “N.M.”, or any other title or letters to indicate that person is a nurse–midwife.

(2) Any person lawfully practicing professional nursing within the scope of a license granted under ch. 441, Stats., is not required to be licensed under this chapter.

(3) The holder of a valid temporary permit under s. N 4.05 may use the title “graduate nurse–midwife” or the letters “G.N.M.”.

(4) A license to practice nurse–midwifery shall be issued separately from a license to practice professional nursing.

History: **CR 20–065: renum. (title), (1), (2) from N 4.08 and am., renum. (3) from N 4.05 (4) and am., cr. (4) Register January 2022 No. 793, eff. 2–1–22.**

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 meets all of the following:

(1) Has completed an educational program in nurse–midwifery accredited by the Accreditation Commission for Midwifery Education, or another accrediting body approved by the board.

(2) Holds a certificate issued by the American Midwifery Certification Board, or another national certifying body approved by the board.

(3) Is currently licensed in good standing to practice as a professional nurse in this state, or has been issued a multistate license under the nurse licensure compact, that is current and in good standing, to practice professional nursing by another state that has adopted the nurse licensure compact.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (intro.) and (3), Register, May, 1990, No. 413, eff. 6–1–90; CR 01–046: am. (3), Register October 2001 No. 550, eff. 11–1–01; CR 03–009: am. (intro.), (1) and (2) Register November 2003 No. 575, eff. 12–1–2003; **CR 20–065: am. (1) to (3) Register January 2022 No. 793, eff. 2–1–22.**

N 4.04 Application for licensure. An applicant for a license to practice nurse–midwifery shall file a completed application on a form provided by the board. The application shall include all of the following:

(1m) The signature of the applicant.

(2m) The fee specified under s. 440.05 (1), Stats.

(3m) Evidence of completion of an educational program in nurse–midwifery approved by the Accreditation Commission for Midwifery Education, or another accrediting body approved by the board.

(4m) Evidence of current licensure in good standing as a professional nurse in this state or of having been issued a multistate license under the nurse licensure compact, that is current and in good standing, to practice professional nursing by another state that has adopted the nurse licensure compact, including the license number and renewal information.

(5) Evidence of certification as a nurse–midwife from the American Midwifery Certification Board, or another national certifying body approved by the board.

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; CR 01–046: am. (1) (d) and (3), cr. (4), Register October 2001 No. 550, eff. 11–1–01; CR 03–009: am. (1) (intro.), (a) to (c) and (4) Register November 2003 No. 575, eff. 12–1–2003; **CR 20–065: am. (title), renum. (1) (intro.), (a) to (d) to (intro.), (1m) to (4m) and am. r. (2) to (4), cr. (5) Register January 2022 No. 793, eff. 2–1–22.**

N 4.043 License renewal. The board shall renew a license to practice nurse–midwifery upon the applicant demonstrating completion of each of the following:

(1) Paying the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., the workforce survey fee, and any applicable late renewal fee.

(2) Completing the nursing workforce survey to the satisfaction of the board.

(3) Providing evidence of current certification as a nurse–midwife by the American Midwifery Certification Board, or another national certifying body approved by the board.

(4) If applicable, providing evidence to the board that the applicant maintains in effect malpractice insurance meeting the requirements under s. N 4.10 (1).

History: CR 20–065: cr. Register January 2022 No. 793, eff. 2–1–22.

N 4.05 Temporary permits. (1) APPLICATION. An applicant for a license to practice nurse–midwifery may be granted a temporary permit to practice nurse–midwifery. An application for a temporary permit to practice nurse–midwifery shall include all of the following:

(a) Verification the applicant has completed an educational program in nurse midwifery accredited by the Accreditation Commission for Midwifery Education, or another accrediting body approved by the board.

(b) Verification the applicant is currently licensed in good standing to practice as a professional nurse in this state, or of having been issued a multistate license under the nurse licensure compact to practice professional nursing, that is current and in good standing, by another state that has adopted the nurse licensure compact.

(c) The fee specified in s. 440.05 (1), Stats.

(2) ISSUING A TEMPORARY PERMIT. The board 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 licensed 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.

(5) DURATION. (a) Except as provided under par. (b), a temporary permit is valid for a period of 6 months or until the permit holder receives notification of failing the examination required for certification under s. N 4.03 (2), whichever occurs first.

(b) If the holder of a temporary permit has also been granted a temporary permit to practice as a registered nurse under s. N 2.31, the temporary permit is valid for the period that coincides with the duration of the temporary permit under s. N 2.34 or until the permit holder receives notification of failing the examination required for certification under s. N 4.03 (2), whichever occurs first.

(c) Practice under a temporary permit, including renewals under sub. (6m), may not exceed 12 months.

(6m) RENEWALS. A temporary permit may be renewed twice for a period of 3 months for each renewal. A second renewal under this subsection may only be granted if the holder of the temporary permit is awaiting examination results or an affidavit is filed with the board identifying a hardship.

(7) DENIAL OR REVOCATION. A temporary permit may be denied or revoked 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 this chapter.

(b) Failure to pay a fee required under s. 440.05 (1), Stats.

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

(d) Misrepresentation of being a nurse–midwife or a graduate nurse–midwife when applying for a temporary permit under this section.

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; CR 03–009: am. (5) (b) Register November 2003 No. 575, eff. 12–1–2003; CR 20–065: renum. (1) to (1) (intro.) and am., cr. (1) (a) to (c), am. (2), (3), renum. (4) to N 4.025 (3) and am., r. and recr. (5), r. (6), cr. (6m), am. (7) (intro.), (a), (b), cr. (7) (d) Register January 2022 No. 793, eff. 2–1–22.

N 4.06 Scope of practice. (1) The scope of practice of nurse–midwifery is the overall management of women’s health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse–Midwives and the education, training, and experience of the nurse–midwife.

(2) A nurse–midwife shall collaborate with a physician with postgraduate training in obstetrics pursuant to a written agreement with that physician.

(3) A nurse–midwife shall consult with the collaborating physician regarding any complications discovered by the nurse–midwife or refer the patient pursuant to the written agreement under sub. (2).

(4) Upon referral under sub. (3), a nurse–midwife may independently manage that part of the care for a patient that is consistent with the education, training, and experience 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; CR 03–009: am. Register November 2003 No. 575, eff. 12–1–2003; CR 20–065: am. Register January 2022 No. 793, eff. 2–1–22.

N 4.07 Limitations on the scope of practice. (1) A nurse–midwife may not independently manage complications that require referral pursuant to the written agreement under s. N 4.06 (2).

(2) A nurse–midwife may not perform deliveries by forceps or Caesarean section.

(2m) A nurse–midwife may use vacuum extractors only in emergency delivery situations.

(3) A nurse–midwife may not assume any responsibilities that are inconsistent with the education, training, and experience of the nurse–midwife.

(4) Following notification of a physician as required by s. 441.15 (4), Stats., a nurse–midwife may continue to manage a delivery 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; CR 03–009: am. (1) and (2) Register November 2003 No. 575, eff. 12–1–2003; CR 20–065: am. (1), (2), cr. (2m), am. (3), (4) Register January 2022 No. 793, eff. 2–1–22.

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.

N 4.10 Malpractice insurance coverage. (1) A nurse–midwife shall have in effect malpractice insurance evidenced by one of the following:

(a) Personal liability coverage in the amounts specified in s. 655.23 (4), Stats.

(b) Coverage under a group liability policy providing individual coverage for the nurse-midwife in the amounts set forth in s. 655.23 (4), Stats.

(2) Notwithstanding sub. (1), malpractice insurance is not required for any of the following:

(a) A nurse-midwife who practices nurse-midwifery within the scope of employment as a federal, state, county, city, village, or town employee.

(b) A nurse-midwife who practices nurse-midwifery as an

employee of the federal public health service under 42 USC 233 (g).

(c) A nurse-midwife who does not provide care for patients.

(d) A nurse-midwife whose employer has in effect malpractice liability insurance that provides coverage for the nurse-midwife in an amount equal to or greater than the amounts specified in sub. (1) (a) or (b).

(e) A nurse-midwife providing nurse-midwifery services under s. 257.03, Stats.

History: Emerg. cr. eff. 11-05-02; CR 03-009: cr., Register November 2003 No. 575, eff. 12-1-2003; **CR 20-065: am. (1) (intro.), (2) (a), (b), cr. (2) (d), (e), r. (3) Register January 2022 No. 793, eff. 2-1-22.**