

Standards and Qualifications for the Art and Practice of Midwifery

*Revised at the Midwives Alliance Business Meeting
October 2, 2005*



The midwife practices in accord with the MANA Standards and Qualifications for the Art and Practice of Midwifery and the MANA Statement of Values and Ethics, and demonstrates the clinical skills and judgments described in the MANA Core Competencies for Midwifery Practice.

1. *Skills*—Necessary skills of a practicing midwife include the ability to:
 - Provide continuity of care to the woman and her newborn during the maternity cycle. Care may continue throughout the woman's entire life cycle. The midwife recognizes that childbearing is a woman's experience and encourages the active involvement of her self-defined family system
 - Identify, assess and provide care during the antepartal, intrapartal, postpartal, and newborn periods. She may also provide well woman and newborn care
 - Maintain proficiency in life-saving measures by regular review and practice
 - Deal with emergency situations appropriately
 - Use judgment, skill and intuition in competent assessment and response
2. *Appropriate equipment and treatment*—Midwives carry and maintain equipment to assess and provide care for the well-woman, the mother, the fetus, and the newborn; to maintain clean and/or aseptic technique; and to treat conditions including, but not limited to, hemorrhage, lacerations, and cardio-respiratory distress. This may include the use of non-pharmaceutical agents, pharmaceutical agents, and equipment for suturing and intravenous therapy.
3. *Records*—Midwives keep accurate records of care for each woman and newborn in their practice. Records shall reflect current standards in midwifery charting and shall be held confidential (except as legally required). Records shall be provided to the woman on request. The midwife maintains confidentiality in all verbal and written communications regarding women in her care.
4. *Data Collection*—It is highly recommended that midwives collect data for their practice on a regular basis and that this be done prospectively, following the protocol developed by the MANA Division of Research. Data collected by the midwife shall be used to inform and improve her practice.
5. *Compliance*—Midwives will inform and assist parents regarding public health requirements of the jurisdiction in which the midwifery service is provided.
6. *Medical Consultation, Collaboration, and Referral*—All midwives recognize that there are certain conditions for which medical consultations are advisable. The midwife shall make a reasonable attempt to assure that her client has access to consultation, collaboration, and/or referral to a medical care system when indicated.

7. *Screening*—Midwives respect the woman’s right to self-determination. Midwives assess and inform each woman regarding her health and well-being relevant to the appropriateness of midwifery services. It is the right and responsibility of the midwife to refuse or discontinue services in certain circumstances. Appropriate referrals are made in the interest of the mother or baby’s well-being or when the required or requested care is outside the midwife’s personal scope of practice as described in her practice guidelines.

8. *Informed Choice*—Each midwife will present accurate information about herself and her services, including but not limited to:

- Her education in midwifery
- Her experience level in midwifery
- Her practice guidelines
- Her financial charges for services
- The services she does and does not provide
- Her expectations of the pregnant woman and the woman’s self-defined family system

The midwife recognizes that the woman is the primary decision maker in all matters regarding her own health care and that of her infant.

The midwife respects the woman’s right to decline treatments or procedures and properly documents these choices. The midwife clearly states and documents when a woman’s choices fall outside the midwife’s practice guidelines.

9. *Continuing Education*—Midwives will update their knowledge and skills on a regular basis.

10. *Peer Review*—Midwifery practice includes an on-going process of case review with peers

11. *Practice Guidelines*—Each midwife will develop practice guidelines for her services that are in agreement with the MANA Standards and Qualifications for the Art and Practice of Midwifery, the MANA Statement of Values and Ethics, and the MANA Core Competencies for Midwifery Practice, in keeping with her level of expertise.

12. *Expanded scope of practice*—The midwife may expand her scope of practice beyond the MANA Core Competencies to incorporate new procedures that improve care for women and babies consistent with the midwifery model of care. Her practice must reflect knowledge of the new procedure, including risks, benefits, screening criteria, and identification and management of potential complications.

The following sources were utilized for reference

- Essential documents of the National Association of Certified Professional Midwives 2004
- American College of Nurse-Midwives documents and standards for the Practice of Midwifery revised March 2003
- ICM membership and joint study on maternity; FIGO, WHO, etc. revised 1972
- New Mexico regulations for the practice of lay midwifery, revised 1982
- North West Coalition of Midwives Standards for Safety and Competency in Midwifery
- Varney, Helen, *Nurse-Midwifery*, Blackwell Scientific Pub., Boston, MA 1980

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