



Advisory Board on Midwifery

Virginia Board of Medicine

September 23, 2022

10:00 a.m.

Advisory Board on Midwifery

Board of Medicine

Friday, September 23, 2022 @ 10:00 a.m.

9960 Mayland Drive, Suite 201

Henrico, VA

	Page
Call to Order – Rebecca Banks, CPM, Vice-Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – Beulah Archer	
Approval of Minutes of October 8, 2021	1 - 4
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
New Business	
1. Periodic Review of Regulations Governing the Practice of Licensed Midwives Erin Barrett	5 - 91
2. Review Bylaws for Advisory Board Erin Barrett	92 – 93
3. Discuss Process for Additions to High Risk Pregnancy Disclosures Guidance Document Rebecca Banks, CPM	-- --
4. Approval of 2023 Meeting Calendar Rebecca Banks, CPM	94
5. Election of Officers Rebecca Banks, CPM	

Announcements:

Next Scheduled Meeting - February 10, 2023 @ 10:00 a.m.

Adjournment

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

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Training Room 1

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Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

<<< DRAFT >>>

ADVISORY BOARD ON MIDWIFERY

Minutes

October 8, 2021

The Advisory Board on Midwifery met on Friday, October 8, 2021, at 10:00 a.m., at the Department of Health Professions, Perimeter Center; 9960 Mayland Drive, Henrico, Virginia, 23233.

MEMBERS PRESENT: Rebecca Banks, CPM, Vice-Chair
Erin Hammer, CPM

MEMBERS ABSENT: Kim Pekin, CPM, Chair
Ami Keatts, M.D.
Natasha Jones, MSC, Citizen

STAFF PRESENT: William L. Harp, MD, Executive Director
Michael Sobowale, LLM, Deputy Executive Director, Licensure
Elaine Yeatts, DHP Senior Policy Analyst
Colanthia Opher, Deputy Executive Director, Administration
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT: Marinda Schindler, Virginia Midwives Alliance
Kelsey Wilkinson, Medical Society of Virginia

Call to Order

Rebecca Banks called the meeting to order at 10:10 a.m. and made brief remarks noting the lack of a quorum for the meeting.

Emergency Egress Procedures

Dr. Harp announced the Emergency Egress Procedures.

Roll Call

The roll was called; no quorum was declared. Dr. Harp noted that even though there was no quorum present for the meeting, the members could discuss the items on the agenda but not take action on any of them.

Approval of Minutes

No vote was held to approve the minutes of the May 28, 2021 meeting as there was no quorum. This item was tabled until the February 4, 2022 meeting.

Adoption of Agenda

There was no vote to adopt the agenda as a quorum was not established.

Public Comment

No public comment.

New Business

1. 2021 Legislative Update and 2022 Proposals

Dr. Harp provided an update on legislative actions from the 2021 General Assembly that held interest for members and briefly mentioned 2022 legislative proposals.

2. Update on High-Risk Pregnancy Disclosures Guidance Document

Ms. Yeatts reported that revised Guidance Document 85-10 on high-risk pregnancy disclosures became effective on August 19, 2021. It was later posted on the Board of Medicine website on September 20, 2021.

3. Licensed Certified Midwives

Ms. Yeatts discussed the legislation passed by the 2021 General Assembly for regulation of a new category of midwives, the Licensed Certified Midwife to be jointly regulated by the Board of Nursing and the Board of Medicine. She highlighted a provision in the legislation which required the Department of Health Professions (DHP) to convene a workgroup to discuss an appropriate regulatory framework for all three midwifery professions. The DHP report is due back to the Governor and the General Assembly by November 1, 2021.

4. Report of Midwifery Regulatory Study Workgroup

Dr. Harp reported that the Midwifery Regulatory Structure Workgroup met on two occasions to discuss options for regulating the different midwifery professions under the Board of Nursing and Board of Medicine. He reported that there was no consensus reached on how these professions might be regulated by the two boards. The decision, for now, was to keep the status quo until other acceptable options could be decided upon.

5. Review of Licensure Requirements

Michael Sobowale said this topic was placed on the Advisory Board's agenda at the request of the Credentials Committee for the Advisory Board to review the licensing requirements and application questions to determine if they can be further streamlined. The Credentials Committee met on September 20, 2021 to review and recommend which documents required in the licensing process should be primary-source verified, which ones may be submitted as copies, and those that are no longer be needed in the licensing process. The Credentials Committee will be making recommendations on how the licensing process for all professions could be streamlined. The Committee asked that any recommendation made by the Advisory Board be reported at its next meeting on November 8th.

There was lack of a quorum at this meeting to vote on how the application process for certified professional midwives license applicants could be further streamlined. However, consensus reached by members present was as follows:

A license applicant should submit primary source verification of the following documents: Certification from the North American Registry of Midwives (NARM), National Practitioner Data Bank (NPDB) self-query report, and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification and a "Form A" Claims History Form.

6. Approval of Meeting Calendar

There was no vote on the proposed meeting dates for the Advisory Board on the 2022 calendar. This item was tabled to the next scheduled meeting on February 4, 2022.

7. Election of Officers

Announcements:

Ms. Archer provided the licensing report. There are 74 current active licensed midwives in Virginia, with 25 out-of-state. There is 1 inactive out-of-state midwife for a grand total of 100 licensed midwives.

Next Meeting Date:

February 4, 2022, at 10:00 a.m.

Adjournment

Rebecca Banks adjourned the meeting at 11:49 a.m.

Rebecca Banks, CPM, Vice-Chair

William L. Harp, MD
Executive Director

Beulah Baptist Archer, Licensing Specialist

Agenda Items: Recommend periodic review result and potential regulatory changes to full Board

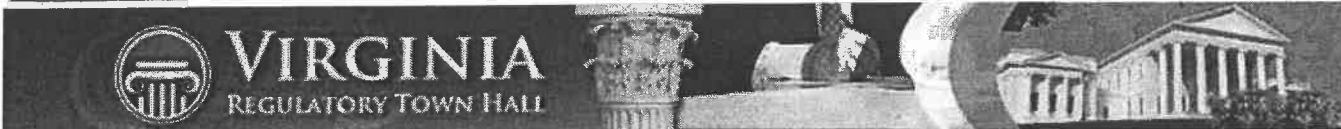
Included in your agenda package are:

- Notice of periodic review
- Public comment received
- Recommended revisions to Chapter 130

Staff note: All 179 comments received on Regulatory Town Hall in response to this periodic review requested that midwives be permitted to carry and administer medications, many of which incorrectly stated the scope of practice is determined by Board regulations. Virginia Code § 54.1-2957.9 specifically prohibits licensed professional midwives from having prescriptive authority and the possession and administration of controlled substances, which in Virginia includes Schedule VI medications. The Board has no jurisdiction to change the Code. Statutory changes are made by the General Assembly and therefore the public comments cannot be addressed in the periodic review of the regulations governing licensed professional midwives.

Action needed:

- Consider any additional changes needed
- Motion to recommend full Board retain and amend Chapter 130 with suggested amendments



Agency Department of Health Professions
Board Board of Medicine
Chapter Regulations Governing the Practice of Licensed Midwives [18 VAC 85 - 130]

[Edit Review](#)

Review 2154

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 6/16/2022

Review Announcement

Pursuant to Executive Order 14 (as amended July 16, 2018) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, this regulation is undergoing a periodic review.

The review of this regulation will be guided by the principles in Executive Order 14 (as amended July 16, 2018). <http://TownHall.Virginia.Gov/EO-14.pdf>.

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

In order for you to receive a response to your comment, your contact information (preferably an email address or, alternatively, a U.S. mailing address) must accompany your comment. Following the close of the public comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations.

Contact Information	
Name / Title:	William L. Harp, M.D. / <i>Executive Director</i>
Address:	9960 Mayland Drive Suite 300 Henrico, VA 23233
Email Address:	william.harp@dhp.virginia.gov
Telephone:	(804)367-4558 FAX: (804)527-4429 TDD: (-)

Publication Information and Public Comment Period

Published in the Virginia Register on 7/18/2022 [Volume: 38 Issue: 24]

Comment Period begins on the publication date and ends on 8/17/2022

Comments Received: 179

Review Result

Pending

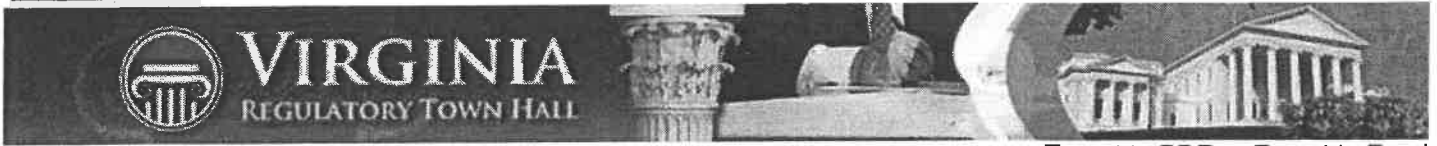
Attorney General Certification

8/31/22, 8:18 AM

Virginia Regulatory Town Hall View Periodic Review

Pending

This periodic review was created by Erin Barrett on 06/16/2022 at 12:27pm



[Export to PDF](#) [Export to Excel](#)

Agency Department of Health Professions

Board Board of Medicine

Chapter Regulations Governing the Practice of Licensed Midwives [18 VAC 85 - 130]

179 comments

All good comments for this forum [Show Only Flagged](#)

[Back to List of Comments](#)

Commenter: Doran Richards, CPM, Grace Midwifery

7/18/22 10:12 am

REVIEW of regulations for CPM's

Written by someone else mostly, but I found it to be "right on" and state it here as my comments:

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often needed or requested during antepartum period, at the time of birth, or postpartum. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

Situations that are low risk and manageable within the home or community are, as a result, made into ordeals that at best inconvenience and at worst endanger the wellbeing of mothers and babies. Unnecessary exposure of infants to the public, and further overburdening of our healthcare systems, means that this inconsistency negatively affects the entire community. However, if the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility.

Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it. Please remove the barrier to a "community standard of care" that we want to be held by. Allow midwives to administer, posses all the tools(medications) they need to offer safe, quality care for women and families in our state of Virginia.

Thank you,
Doran Richards
CommentID: 122700

Commenter: Briana Watts

7/18/22 11:10 am

License midwives for meds

As a two time client of CPM midwives I must insist you correct the discrepancy in this regulation that prevents Virginia's Licensed Midwives from using the skills for which they are trained. I needed rhogam after my first birth and it was incredibly difficult with how much jumping through hoops I had to do to get this standard medicine for A-negative blood type moms. Not because my care providers aren't trained to, just that the regulation fails to reflect that.

The medicines that midwives are trained to carry prevent emergencies. Subjecting women and care providers to stress and uncertainty surrounding such important resources is senseless. Some of the medicines are even required by the state to be offered. Why overburden our healthcare system with moms and infants who could easily get that care at home?

Virginia should be reaping the full benefits of our licensed midwives.

CommentID: 122706

Commenter: Mance Miller

7/18/22 11:30 am

Allow midwives to practice to their full ability

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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However, if the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility.

Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it.

CommentID: 122709

Commenter: Corey Watts

7/18/22 11:36 am

Virginia Midwives

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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CommentID: 122711

Commenter: Sylvia Boudali, CNM

7/18/22 2:07 pm

CPM/LM access to needed medications

I personally agree with the message included below. As a community midwife with the license (Certified Nurse Midwife) to prescribe and administer these medicines, it is evident to me how integral this ability is for the safety and comfort of all families choosing out of hospital birth.

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often needed or requested during antepartum period, at the time of birth, or postpartum. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our CPMs/LMs are already trained and certified to administer these medications; only the law prevents their acting on it. Please remove the barrier to a "community standard of care" that

we want to be held by. Allow midwives to administer, posses all the tools(medications) they need to offer safe, quality care for women and families in our state of Virginia.

CommentID: 122725

Commenter: Rachel Adams

7/18/22 2:39 pm

Midwives To Be Allowed Medication

I am a Birth Doula and I support Certified Professional Midwife/Licensed Midwife. I wanted to make the analysts and reviewers aware of an inconsistency in the regulations that impacts midwifery practice and public health. State law requires that a newborn be administered certain drugs within 24 hours of birth but the midwifery laws prevent us/them from carrying or administering these drugs. Furthermore, there are low risk procedures occasionally required during or after a birth that requires the administration of certain medications that the current law prohibits us/them from carrying and administering. Midwives are trained and competent to administer these drugs but current law is preventing them form administering these drugs creating an unnecessary burden for clients.

Home Birth is safe and our community needs our midwives to have all tools possible to care for low-risk birthers.

CommentID: 122726

Commenter: Anonymous

7/18/22 7:56 pm

Certified Midwives should have all of their privileges

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it.

CommentID: 122747

Commenter: DD

7/18/22 9:22 pm

Allow us the ability to practice our full scope

We should be allowed to utilize the medications recommended by the World Health Organization. Please let us practice to the full extent of our scope. This makes homebirth which already has amazing outcomes, even safer.

CommentID: 122751

Commenter: Sara Dunn

7/18/22 9:44 pm

License CPMs to carry and administer certain medications

I am a student midwife who seeks to serve on the Northern Neck, an area that currently has no hospital that will deliver babies and very limited access to prenatal or postpartum care. Families on the Neck deserve safe birth options. Continuing to restrict CPMs from practicing the full scope of our training forces these families to birth in a low resource setting. Situations that may arise and be easily managed with certain medications become inconvenient or even dangerous because of these restrictions. Families must endanger newly delivered mothers and their brand new babies by venturing out to a clinic or hospital for medications, such as Rhogam or vitamin K, when they should be at home recovering from pregnancy and birth. Ambulances must be called in to transport birthing parents to a hospital just to administer antihemorrhagics. Travel time is blood lost in these situations and that increases the risk of morbidity and mortality when pitocin or misoprostol could have remedied the situation. Giving CPMs the ability to carry medications will ensure safer births for many families who choose home births for religious reasons, inability to travel long distances while in labor, or personal choice.

CommentID: 122752

Commenter: Anonymous

7/19/22 8:22 am

Midwifery in Virginia

I am a birth doula, lactation consultant and a breech home birth after cesarean (all a variation of normal and not a high risk emergency) mom myself. It is imperative that midwives be allowed to use the full scope of practice that they are trained including administration of medications. Birth is inherently safe and therefore home birth is inherently safe. CPMs are fully trained in normal physiological birth but they are also fully trained and capable of handling an emergency if it we're to arise much more so than most of the EMS department that would respond in an emergency situation. The health of our community and the health of moms and babies depends on CPMs being able to use all of their skills often times saving lives. It's completely unethical to tie their hands behind their back and disallow them to use skills that they are fully trained in.

CommentID: 122760

Commenter: Amy Rollogas, RN and CNM student

7/19/22 9:55 am

Practicing to the full extent of training

I am a registered nurse in L&D. I have been doing birth work for 15 years and I have ever understood the absurdity in the regulations on midwifery practice and public health in this state. State law requires that a newborn be administered certain drugs within 24 hours of birth but midwifery laws prevent midwives from carrying or administering these drugs. This is a public health issue. These meds are simple to administer and have a nonexistent potential for abuse. Not

having the legal ability to administer these med puts the burden on the new family to take their baby out in public before most are ready for this.

There are other low risk procedures occasionally required during or after a birth that require the administration of certain (sometimes life saving) medications that the current law prohibits midwives from carrying and administering. Midwives are trained and competent to administer these drugs but current law is preventing them from administering them. A hospital trip for a postpartum perineal repair that could have been done at home in a few minutes is just absurd!

Since midwifery is legal, let's also let it be as safe as possible for Virginians who choose this route for bringing their children to the world!

For more information please feel free to contact the Virginia Midwives' Alliance at info@virginiamidwives.org or by visiting our website at [www.virginiamidwives.org] (<http://www.virginiamidwives.org/>).

CommentID: 122765

Commenter: Savannah Fassero, CPM, Heart of Lynchburg Midwifery

7/19/22 11:08 am

Allowing Full Scope of Practice

I am a Certified Professional Midwife here in Virginia and want to alert the analysts and reviewers of an inconsistency in our regulations that impacts public health. State law requires newborns to be administered certain drugs within 24 hours of birth but current laws prevent us from carrying or administering these drugs. Additionally, optimal midwifery care occasionally requires the administration of certain low-risk medications during or after birth that current legislation prohibits us from carrying and administering. We are trained to administer these drugs but are prevented from doing so, creating an unnecessary burden for our clients and the maternity care system in Virginia as they struggle to find these resources elsewhere. For more information please feel free to contact the Virginia Midwives' Alliance at info@virginiamidwives.org or by visiting our website at www.virginiamidwives.org.

CommentID: 122769

Commenter: MaryMay Short, BSN, RN

7/19/22 11:19 am

Moms' access and health comes first.

Allowing midwives to be licensed to perform a skill they are already are trained for, improves healthcare for all of Virginia. Virginians deserve the health freedom bestowed on them by God. As a nurse, I support safe standards of care for each citizen this includes providing licensure to trained & qualified midwives to provide any skill improving the health of the mother & child which they are appropriately trained to do.

CommentID: 122771

Commenter: LeaAnna H Miller, CPM, LM

7/19/22 11:41 am

Midwives allowed full scope of practice

I am a Certified Professional Midwife and wanted to make the analysts and reviewers aware of an inconsistency in our regulations that impacts midwifery practice and public health. State law requires that a newborn be administered certain drugs within 24 hours of birth but the midwifery laws prevent us from carrying or administering these drugs. Furthermore, there are low risk procedures occasionally required during or after a birth that requires the administration of certain

medications that the current law prohibits us from carrying and administering. We are trained and competent to administer these drugs but current law is preventing us from administering these drugs creating an unnecessary burden for our clients. For more information please feel free to contact the Virginia Midwives' Alliance at info@... or by visiting our website at www.viriniamidwives.org.

Our goal is for all women and babies in our care to be safe and healthy and the current legislation limits our ability to ensure that .

CommentID: 122773

Commenter: Meredith Nelson

7/19/22 3:35 pm

Nothing to Lose!

Thank you for reviewing the licensing and regulation of certified professional midwives! I have given birth at home twice myself, and am also a doula who has attended births at home, in birth centers, and in twenty different hospitals across the country. With this broad experience I can attest that home birth with CPMs is a safe option, validated by many studies and reviews to-date.

I've worked in Virginia for seven years, but previously worked in California and Utah where CPM midwives can carry and administer standard medications such as anti-hemorrhagic drugs, IV saline, and oxygen. Birth emergencies are extremely rare for women who are healthy when they go into labor, but when an emergency such as hemorrhage occurs, there are mere minutes to treat it for optimal outcomes. CPMs have many non-pharmaceutical tools to prevent and manage hemorrhage, and some studies have shown hemorrhage rates to be lower at home than in hospital due to the lower rates of interventions such as epidural anesthesia and induction/augmentation with Pitocin. But when serious hemorrhage occurs, the Virginia laws currently in the books could cost a woman her life -- when a CPM could have saved it with the right tools (that she is already trained to administer).

Aside from emergencies, it should not be necessary for a woman to transfer mid-birth for dehydration (which IV fluids could easily solve at home) or for antibiotics should she wish to receive them for Group B Strep infection. Similarly, if she wishes to accept Vitamin K or erythromycin ointment for her baby, she should be able to receive them shortly after birth within the standard timeframe, and without having to leave her home. ANY disruption during the first few hours/days after birth can impact breastfeeding, bonding, infant health, and maternal mental health longterm --- hospital transfer is not only disruptive but potentially traumatic. Having these medications available to her chosen home care provider allows the mother-baby dyad to be as undisturbed during birth and postpartum as possible.

There is nothing to lose in expanding the legal scope of Virginia midwives to match their professional scope and training.

CommentID: 122784

Commenter: Anne V Monson LM CPM

7/19/22 3:42 pm

Regulations governing the practice of Licensed Midwife

: I am a Certified Professional Midwife and wanted to make the analysts and reviewers aware of an inconsistency in our regulations that impacts midwifery practice and public health. State law requires that a newborn be administered certain drugs within 24 hours of birth but the midwifery laws prevent us from carrying or administering these drugs. Furthermore, there are low risk

procedures occasionally required during or after a birth that requires the administration of certain medications that the current law prohibits us from carrying and administering. We are trained and competent to administer these drugs but current law is preventing us from administering these drugs creating an unnecessary burden for our clients. For more information please feel free to contact the Virginia Midwives' Alliance at info@... or by visiting our website at www.virginiamidwives.org.

CommentID: 122785

Commenter: Kelly Jenkins

7/19/22 4:08 pm

Regulations Governing the Practice of Licensed Midwives

As a medical provider (CPM), licensed in the state of Virginia, due to the law, I am unable to carry or administer life saving medications including antihemorrhagics, that I am trained to use in community birth (out of hospital birth). This is an inconsistency in our regulations that impacts midwifery care and public health. Move us forward Virginia!

CommentID: 122786

Commenter: Michael Vernon Voss, Congressional Affairs Lead

7/19/22 6:23 pm

CPM/LM access to needed medications

As the husband of a longtime Doula and aspiring midwife, I personally agree with the message included below, please allow these professionals the tools they need to provide the great care these families deserve.

As a community midwife with the license (Certified Nurse Midwife) to prescribe and administer these medicines, it is evident to me how integral this ability is for the safety and comfort of all families choosing out of hospital birth.

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often needed or requested during antepartum period, at the time of birth, or postpartum. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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we want to be held by. Allow midwives to administer, possess all the tools (medications) they need to offer safe, quality care for women and families in our state of Virginia.

CommentID: 122790

Commenter: Maggie Grevas

7/20/22 2:50 pm

Allow Certified Professional Midwives to Carry and Administer Maternity and Newborn Medicines

I am a birth doula, birth assistant to a CPM, and an aspiring midwife. I have experienced and witnessed many births attended by amazing CPMs and how they are changing the health and well-being of mothers and their families. Please consider the below comment and change the regulation to allow these trained professionals to fully practice in the scope they are trained for. This is especially helpful when many of the mothers we serve are at least an hour drive from the nearest hospital with a labor and delivery unit. I have witnessed a hospital transfer that would have otherwise been unnecessary if the midwife would have been permitted to administer the medications the mother needed in the moment. Due to the transfer, the mother and father needed to worry about what would happen with their baby, the EMS staff was rude to everyone, and their peaceful birth was interrupted with a 30-minute ambulance ride, delaying being with their new family.

The medications these midwives are trained and nationally certified to use includes:

Allowing to administer:

- antihemorrhagics
- local anesthetic
- newborn eye ointment
- rhogam
- IV fluids and antibiotics
- oxygen
- Vitamin K

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for the Certified Professional Midwives includes the carrying and administering of certain medications, which are often needed or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

Situations that are low risk and manageable within the home or community are, as a result, made into ordeals that at best inconvenience and at the worst endanger the wellbeing of mothers and babies. Unnecessary exposure of infants to the public and further overburdening of our healthcare systems, means that this inconsistency negatively affects the entire community. However, if the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well-stocked medical facility.

Prioritizing public safety means allowing trained health professionals to use all their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self-reliant

communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications, only the law prevents their acting on it.

CommentID: 122816

Commenter: Naomi Voss

7/20/22 6:42 pm

Please us the ability to practice our full scope

I personally agree with the message included below; please allow us the tools they need to provide the great care these families deserve.

The medications these midwives are trained and nationally certified to use includes:

Allowing to administer:

- Vitamin K
- antihemorrhagics in case of excessive bleeding
- IV fluids
- local anesthetic for perineal repair
- newborn eye ointment
- Rhogam for our Rh-positive birthing families
- oxygen- for neonatal resuscitation

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for the Certified Professional Midwives includes the carrying and administering of certain medications, which are often needed or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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CommentID: 122827

Commenter: Katrina Nakao, Pathways Midwifery

7/20/22 8:38 pm

Allow CPMs to carry medicines

I am a Certified Professional Midwife in Maryland and wanted to make the analysts and reviewers aware of an inconsistency in the regulations that impacts midwifery practice and public health. State law requires that a newborn be administered certain drugs within 24 hours of birth but the midwifery laws prevent Virginia midwives from carrying or administering these drugs. Furthermore, there are low risk procedures occasionally required during or after a birth that require the administration of certain medications that the current law prohibits them from carrying and administering. This is unique to Virginia as other nearby states such as DC, Maryland, Delaware, and Pennsylvania allow midwives to carry these common-sense medications. VA CPMs are trained and competent to administer these drugs but current law is preventing them from administering them, creating an unnecessary burden for clients.

CommentID: 122828

Commenter: Anonymous

7/20/22 9:09 pm

VA midwives Practice

Situations that are low risk and manageable within the home or community are, as a result, made into ordeals that at best inconvenience and at worst endanger the wellbeing of mothers and babies. Unnecessary exposure of infants to the public, and further overburdening of our healthcare systems, means that this inconsistency negatively affects the entire community. However, if the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility.

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CommentID: 122830

Commenter: Lorri Carr, LM, CPM, LDM, LDEM - Highland Midwife

7/22/22 10:55 am

Maximum Scope = Maximum Public Safety

The statistics for midwifery care outcomes from Washington state clearly prove that the greater the legal scope of home birth midwives, the better the outcomes for the public, which has prompted WA to continue to expand the list of drugs and devices approved for midwives. Public health and safety is served best by empowering midwives to carry and use everything that may be needed at a birth, not by deliberately restricting the prompt use of anything that could improve care or save a life if needed. I am more than happy to discuss this in person with any legislator who genuinely desires an improvement in maternity care outcomes.

CommentID: 122866

Commenter: Anonymous

7/22/22 1:17 pm

Va Midwifery

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Allowing to administer:

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- IV fluids
- local anesthetic for perineal repair
- newborn eye ointment
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Prioritizing public safety means allowing trained health professionals to use all their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self-reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications, only the law prevents their acting on it.

CommentID: 122868

Commenter: Anonymous

7/22/22 11:45 pm

Let's bring midwifery care up-to-date!

There are various reasons someone might choose to birth at home, one being a pandemic. Having a traumatic birth at a hospital might drive a mother to birth in a calmer setting for the health of both her and the child. These mothers should be able to get the best care possible. Certified nurse midwives should be able to access the medications required to care for the mothers without need to contact the local hospital. They have done the work required to hold their certifications so why hold this back?

CommentID: 122875

Commenter: Dominique clothiaux

7/25/22 6:22 pm

Let's get out of the stone ages.

I am a Certified Professional Midwife and wanted to make the analysts and reviewers aware of an inconsistency in our regulations that impacts midwifery practice and public health. State law requires that

a newborn be administered certain drugs within 24 hours of birth but the midwifery laws prevent us from carrying or administering these drugs. Furthermore, there are low risk procedures occasionally required during or after a birth that requires the administration of certain medications that the current law prohibits us from carrying and administering. We are trained and competent to administer these drugs but current law is preventing us from administering these drugs creating an unnecessary burden for our clients. For more information please feel free to contact the Virginia Midwives' Alliance at info@virginiamidwives.org or by visiting our website at www.virginiamidwives.org.

CommentID: 122988

Commenter: Anonymous

7/25/22 7:02 pm

Help keep mamas and babies safe

I am a home birth and birth center supporter and wanted to make the analysts and reviewers aware of an inconsistency in our regulations that impacts midwifery practice and public health. State law requires that a newborn be administered certain drugs within 24 hours of birth but the midwifery laws prevent us from carrying or administering these drugs. Furthermore, there are low risk procedures occasionally required during or after a birth that requires the administration of certain medications that the current law prohibits us from carrying and administering. We are trained and competent to administer these drugs but current law is preventing us from administering them, creating an unnecessary burden for our clients. For more information please feel free to contact the Virginia Midwives' Alliance at info@virginiamidwives.org or by visiting our website at www.virginiamidwives.org.

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CommentID: 123988

Commenter: Anonymous

7/25/22 7:11 pm

Allow CPMs to administer meds needed for mom and baby.

I am a home birth and birth center support and wanted to make the analysts and reviewers aware of an inconsistency in our regulations that impacts midwifery practice and public health. State law requires that a newborn be administered certain drugs within 24 hours of birth but the midwifery laws prevent us from carrying or administering these drugs. Furthermore, there are low risk procedures occasionally required during or after a birth that requires the administration of certain medications that the current law prohibits us from carrying and administering. We are trained and competent to administer these drugs but current law is preventing us from administering these drugs creating an unnecessary burden for our clients. For more information please feel free to contact the Virginia Midwives' Alliance at info@virginiamidwives.org or by visiting our website at www.virginiamidwives.org.

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CommentID: 123989

Commenter: Antonia Harris

7/25/22 7:20 pm

regulations that impact midwifery

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CommentID: 123990

Commenter: Anonymous

7/25/22 7:27 pm

Virginia Midwifery

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CommentID: 123993

Commenter: Anonymous

7/25/22 8:10 pm

Allowing midwives to practice to their full scope

I am a home birth and birth center support and wanted to make the analysts and reviewers aware of an inconsistency in our regulations that impacts midwifery practice and public health. State law requires that a newborn be administered certain drugs within 24 hours of birth but the midwifery laws prevent us from carrying or administering these drugs. Furthermore, there are low risk procedures occasionally required during or after a birth that requires the administration of certain medications that the current law prohibits us from carrying and administering. We are trained and competent to administer these drugs but current law is preventing us from administering these drugs creating an unnecessary burden for our clients. For more information please feel free to contact the Virginia Midwives' Alliance at info@viriniamidwives.org or by visiting our website at www.viriniamidwives.org.

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CommentID: 123996

Commenter: Anonymous

7/25/22 8:29 pm

Midwifery Care

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CommentID: 123997

Commenter: Anonymous

7/25/22 9:05 pm

Midwifery

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CommentID: 124000

Commenter: Anonymous

7/25/22 9:10 pm

In Support of Virginia Midwives

I am a home birth and birth center supporter and wanted to make the analysts and reviewers aware of an inconsistency in our regulations that impacts midwifery practice and public health. State law requires that a newborn be administered certain drugs within 24 hours of birth but the midwifery laws prevent midwives from carrying or administering these drugs. Furthermore, there are low risk procedures occasionally required during or after a birth that requires the administration of certain medications that the current law prohibits midwives from carrying and administering. Midwives are trained and competent to administer these drugs but current law is preventing us from administering these drugs creating an unnecessary burden for their clients. For more information please feel free to contact the Virginia Midwives' Alliance at info@viriniamidwives.org or by visiting their website at www.viriniamidwives.org.

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CommentID: 124001

Commenter: Julia Bray

7/26/22 1:06 pm

Policy information

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CommentID: 124040

Commenter: Jesse Parsons

7/26/22 2:27 pm

Allow midwives to provide care they are certified for

I hope this order will be repealed or amended to allow midwives to carry and administer medications and drugs for mothers and babies. Their training and licensing allows it, and Virginia law reflecting that can only help give parents more options and alleviate strain on the hospital system.

CommentID: 124047

Commenter: Anonymous

7/26/22 2:44 pm

Medications

My daughter insisted on using midwives & I know I would feel much better if they could legally have the medications that prevent emergencies for her & my new grandchildren!

CommentID: 124050

Commenter: Anonymous

7/26/22 2:44 pm

Medications

My daughter insisted on using midwives & I know I would feel much better if they could legally have the medications that prevent emergencies for her & my new grandchildren!

CommentID: 124049

Commenter: Hannah Johnson

7/26/22 5:49 pm

Midwifery

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CommentID: 124061

Commenter: Linnea Charisse Anderson

7/26/22 11:23 pm

Midwifery

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CommentID: 124079

Commenter: Angela Hobbs

7/28/22 8:54 pm

Midwives

As a mother I deserve full access to all the benefits of midwife care. As a client of CPM midwives I must insist you correct the discrepancy in this regulation that prevents Virginia's Licensed Midwives from using the skills for which they are trained. Should a mother need rhogam, pitocin for hemorrhage, or her newborn need oxygen she should have full access, through the care team she has chosen. Midwives should be able to practice as they have been trained.

The medicines that midwives are trained to carry prevent emergencies. Subjecting women and care providers to stress and uncertainty surrounding such important resources is senseless. Some of the medicines are even required by the state to be offered. Why overburden our healthcare system with moms and infants who could easily get that care at home?

Virginia should be reaping the full benefits of our licensed midwives. So let's stop restricting them from the care they can so wonderfully give.

CommentID: 124134

Commenter: Julie Brierre

7/28/22 9:37 pm

Allow midwives to carry essentials

I am a home birth and birth center support and wanted to make the analysts and reviewers aware of an inconsistency in our regulations that impacts midwifery practice and public health. State law requires that a newborn be administered certain drugs within 24 hours of birth but the midwifery laws prevent us from carrying or administering these drugs. Furthermore, there are low risk procedures occasionally required during or after a birth that requires the administration of certain medications that the current law prohibits us from carrying and administering. We are trained and competent to administer these drugs but current law is preventing us from administering these drugs creating an unnecessary burden for our clients. For more information please feel free to contact the Virginia Midwives' Alliance at info@virginiamidwives.org or by visiting our website at www.virginiamidwives.org.

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CommentID: 124135

Commenter: Adelaide Myers, RN

7/29/22 7:04 pm

Best Practice Homebirth

I am a home birth and birth center support and wanted to make the analysts and reviewers aware of an inconsistency in our regulations that impacts midwifery practice and public health. State law requires that a newborn be administered certain drugs within 24 hours of birth but the midwifery laws prevent us from carrying or administering these drugs. Furthermore, there are low risk procedures occasionally required during or after a birth that requires the administration of certain medications that the current law prohibits us from carrying and administering. We are trained and competent to administer these drugs but current law is preventing us from administering these drugs creating an unnecessary burden for our clients. For more information please feel free to contact the Virginia Midwives' Alliance at info@virginiamidwives.org or by visiting our website at www.virginiamidwives.org.

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CommentID: 124182

Commenter: M. D'vorah Honey CPM LM

7/29/22 8:12 pm

In favor of full scope

I stand for expanding the scope of practice for Certified Professional Midwives/Licensed Midwives to include the administration of medications they are trained in. The Virginia Board of Medicine recognizes the North American Registry of Midwives standards of certification which includes requirements for training and education in the use of these interventions.

The World Health Organization states: "All midwives should be educated to high standards *and enabled to practice to their full scope.*" (emphasis added)

The WHO also states "It is now almost universally acknowledged that unless the traditional health practitioners (including traditional midwives) are properly recognized and articulated with the national health system, countries will never be able to achieve adequate health coverage for all their populations....The development of a policy favorable to traditional midwifery depends on the enlightened understanding of the nature of such care and the role and resources of its practitioners, many of whom possess a fund of wisdom, knowledge and experience that can only serve to improve the quality of care that countries provide for their populations."

According to the March of Dimes 47% of counties in Virginia are without full access to maternity care. Arming midwives with the tools they need would quickly reduce this number. Midwives as individuals are typically more willing and able to establish themselves in rural communities quickly.

The Virginia Rural Health Plan states "pregnant women living in rural communities face unprecedented barriers to accessing adequate maternity care, often leading to disparate birth outcomes." The VRHP also states "In order to begin to bridge the gaps between rural mothers,

8/21/22, 11:02 AM

Virginia Regulatory Town Hall View Comments

their babies, and adequate care, growing and retaining the maternity care workforce in rural communities should be made a top priority by health policy makers..." Midwives are essential pieces in quickly and efficiently reaching healthcare deserts.

Denying the value of midwives who are able to practice to the full extent of their training is denying mothers across Virginia completely safe birth. Many of these women are hour(s) from a hospital but minutes from a midwife.

Lastly, I would like to acknowledge the skill, knowledge and effectiveness at which midwives in Virginia have already been practicing despite the limited scope. The expansion of scope would only serve to make birth even safer in the state of Virginia. The benefit to families, hospitals, Emergency Medical Personnel and communities across the state would be astronomical.

I ask that these statements be considered in the decision to honor the training CPMs receive and expand the scope of practice.

Sources: https://www.vdh.virginia.gov/content/uploads/sites/76/2022/01/Virginia-Rural-Health-Plan_8-Healthy-Moms.pdf

<https://www.who.int/>

www.marchofdimes.org

CommentID: 124183

Commenter: Anonymous

7/30/22 8:47 am

Women need fully practicing midwives.

Allow midwives to practice within the full scope of their expertise. Women in VA deserve to have this option for childbirth support.

CommentID: 124187

Commenter: Wendy Owens, CPM

7/30/22 6:22 pm

Midwives to carry basic life saving pharmaceuticals

I am a midwife in Tennessee and am also licensed in VA. As a CPM our scope of practice and training is underutilized in VA. We can not even carry an O2 tank or administer Vitamin K to infants under the current guidelines in VA. In most states we have the ability to carry life saving pharmaceuticals in case of postpartum hemorrhaging like Cytotec or Pitocin or administer an IV for shock or even dehydration in the first trimester.

Virginia women should be allowed to have complete care from their midwives unhindered by laws that keep them from doing so.

CommentID: 124205

Commenter: Anonymous

7/30/22 10:17 pm

Midwives

Get updated with the times. Midwives are essential to the health of mom and baby. Why is America the only country that doesn't have midwives as the standard of care?

CommentID: 124211

Commenter: Kate Heard, RN

7/31/22 7:38 am

Midwives can do it

As stated in numerous comments previously we have an opportunity to serve our community with midwifery in places where access to healthcare is limited. It is an amazing alternative to birth your baby without all the unnecessary interventions that you would receive if you were to birth in a hospital. Additionally you are not exposed to all the germs that people carry into there from illness. Midwives are medical professionals and carry the skill to make judgement calls when the use of medications is necessary. It's silly to withhold this from them. Open up the doors!

CommentID: 124215

Commenter: Michaela Skinner

7/31/22 4:16 pm

Midwifery care changed my life

Being able to receive care from and birth at home with a midwifery team changed my life. My first baby was born in a hospital under duress with extreme pressure for unnecessary medical intervention by the staff. I was treated so poorly than many of their actions would be considered malpractice and unfortunately that is the case for too many women. Midwifery is a caring, empathetic and respect based experience. Midwifery care is essential for the ability of mothers to choose their birth and expanding what they are able to offer will make home birth safer and more available for every woman.

CommentID: 124235

Commenter: Bria

8/1/22 2:45 pm

Just say no to hospital births

I loved both my midwife experiences, during prenatal care and labor and even in the months afterwards. The care and attention midwives provide far surpasses any hospital experience I have ever had. I would never go back to mainstream hospital care, especially for giving birth and every chance I get I recommend home birth. In fact, I'd go so far as to say any environment is better and safer than the hospital for birthing. Does that sound crazy? Maybe, but it is the cold, hard truth.

CommentID: 124385

Commenter: Anonymous

8/2/22 6:09 am

CPMs are trained professionals!

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state officials recommend that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified

at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it.

CommentID: 124497

Commenter: Barry Wilder O'Keefe

8/2/22 9:34 am

Empower Midwives

I was born at home with a midwife, as were my brothers, my nieces and nephews, and my children.

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CommentID: 124517

Commenter: Ashley Lyttle

8/2/22 12:50 pm

Midwives are Heroes

Allow VA state certified midwives to administer and carry medicines used for birth and after birth for both child and mother. This is critical to care and a positive experience for life with Americans.

CommentID: 124557

Commenter: Jade Hillery

8/2/22 1:00 pm

Increase access to care

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state officials recommend that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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CommentID: 124560

Commenter: Savannah Longest

8/2/22 5:02 pm

Allow midwives to serve their patients

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CommentID: 124623

Commenter: Hilary Jenish

8/2/22 5:10 pm

Midwife/ Home birth

Midwives are amazing! They provide the best care for thier expecting mothers pre-natal, birth and post-natal! They should be allowed to carry the medication they need for thier patients.

CommentID: 124625

Commenter: Brittany Inzeo

8/2/22 5:52 pm

Allow midwives to carry life -saving medications!

Please consider allowing our Virginia Certified Professional Midwives to carry and administer basic life saving drugs. This can mean the difference between life and death for our women!

CommentID: 124639

Commenter: Miranda C

8/2/22 7:54 pm

Midwifery

Midwife's should be able to help their clients with medications that are necessary during pregnancy and birth. They are highly trained and very knowledgeable.

CommentID: 124656

Commenter: Anonymous

8/3/22 3:06 pm

Expand options for mothers, by giving midwives the freedom to practice

For two of my births, Virginia regulations caused obstacles and traumas for me and my family.

After my first birth at home, my midwives had to transfer me to the hospital to get stitches for a tear, because the regulations in Virginia did not allow them to carry analgesic medication that would make getting the few stitches needed painless to do in my own bed. My midwives were fully trained to perform the procedure, but instead I had to be separated from my newborn, spend 6 hours siting in the ER waiting room, and then have an ER doctor do the procedure after complaining that he had to bring all of his tools from L&D to ER to do it. All of this while my new baby was at home waiting to start learning to breastfeed. It was an unnecessary inconvenience for everyone involved.

For a different pregnancy, I was again planning to give birth in my home in Virginia, but thanks to the regulations, I was risked out of care due to being diagnosed with twins. In hopes of avoiding having to labor and deliver in an OR, I found that my only affordable option was to leave the country. Meanwhile, my friend in Minnesota had no issues having her twins peacefully at home, fully supported by her community.

This is not empowering for women of Virginia, nor their children. A planned home birth is just as safe if not safer than a hospital birth. If midwives were allowed to practice the full spectrum of care they have been trained for, women of Virginia would see better birth outcomes.

CommentID: 124837

Commenter: Selena

8/3/22 8:27 pm

Midwife support

I am a home birth and birth center supporter and wanted to make the analysts and reviewers aware of an inconsistency in our regulations that impacts midwifery practice and public health. State law requires that a newborn be administered certain drugs within 24 hours of birth but the midwifery laws prevent us from carrying or administering these drugs. Furthermore, there are low risk procedures occasionally required during or after a birth that requires the administration of certain medications that the current law prohibits us from carrying and administering. We are trained and competent to administer these drugs but current law is preventing us from administering these drugs creating an unnecessary burden for our clients. For more information please feel free to contact the Virginia Midwives' Alliance at info@virginiamidwives.org or by visiting our website at www.virginiamidwives.org.

CommentID: 126963

Commenter: Kim Pekin, Premier Birth Center

8/5/22 3:01 pm

Update our outdated law to reflect CPM scope of practice

I have been a Licensed Midwife in Virginia for nearly 13 years. I served on the Midwifery Advisory Board from 2014 to 2021, and I serve as Vice-Chair and Director of Professional Development for the North American Registry of Midwives (NARM), the organization that administers the CPM credential. I own two accredited freestanding birth centers where our Licensed Midwives have served over 2000 families for home and birth center births. Most births go well, but there are times when our training to provide first-line management of common complications is needed. As CPMs, we have the knowledge and skills needed to administer medications that can prevent or help manage life and death emergencies. **It is frustrating for us to essentially have to practice with our hands tied when it comes to the medications we need for managing complications.**

Our law in Virginia does not reflect our scope of practice as defined by the North American Registry of Midwives' Job Analysis (the blueprint for the NARM Exam and the list of skills requiring verification of competency by NARM Registered Preceptors). This law is outdated and adds unnecessary risks for community birth. **There is only one other state (Arkansas) that licenses midwives yet restricts them from accessing these medications. Providers should be able to work within their full scope of practice.**

The March of Dimes states that 47% of Virginia counties are Maternity Care Deserts. Maternity care deserts are areas where there is limited or no access to maternity health care services. **Maternal mortality in the United States is higher than in all other industrialized countries, and postpartum hemorrhage is the leading cause of maternal mortality worldwide.** Postpartum hemorrhage requires quick action to prevent severe maternal morbidity and mortality. **It is unconscionable to withhold access to life-saving antihemorrhagic medications for any maternity care provider, but it is especially important given the maternity care desert situation in Virginia.**

If families want injectable vitamin K or erythromycin eye ointment, they need to go to the hospital to get those within the recommended time parameters. This creates unnecessary strain on already struggling hospital systems. It is unnecessary to burden hospitals with the responsibility of providing basic medications that could safely be administered outside the hospital setting. Families have to jump through unnecessary hoops to access the medications that make birth safer. **Some must self-administer medications while their Licensed Midwife stands by, unable to assist them due to this outdated law. Some women have to endure the pain of being sutured without the use of a local anesthetic or choose to risk permanent damage to their bodies by not having those lacerations repaired properly.**

It is time to support Virginia Licensed Midwives and the people they serve. This outdated law needs to be changed to reflect the current scope of practice of Licensed Midwives, and Virginia families deserve these life-saving medications wherever they choose to give birth.

CommentID: 127134

Commenter: Melissa Marshall

8/6/22 1:41 pm

Midwives are trained professionals

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CommentID: 127139

Commenter: Stephanie Krautkramer

8/8/22 3:40 pm

Certified Professional Midwives

I am a Virginian, wife and parent of a son and daughter and I agree with the statement below. I have had 1 hospital birth and 1 home birth and I highly support CPM's and LM's as an options versus a hospital birth.

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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CommentID: 127151

Commenter: Beverley L Bouchard

8/8/22 9:31 pm

New Licensed Midwife

I am a newly Licensed Midwife and was required by my examining board to show proficiency in all aspects of women's health in the child bearing years. This included the usage and administration of antihemorrhagics, Vit K medications etc. However, now that I am licensed, I cannot use this knowledge and skill to support my home birth and birth center families. I cannot work to the full extent of my scope. Please allow LMs to serve the families of Virginia to the full extent of their scope and certification. I fully agree with the statement below :-

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state officials recommend that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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CommentID: 127153

Commenter: Anonymous

8/9/22 4:18 pm

Supporting safe delivery/ full access

I have been going to out of hospital births since 2015 in a home birth and freestanding birth center setting. Recently i attended the birth of a young woman with her second baby and after a straight forward delivery she had one of the most significant hemorrhages Ive seen in the 7 years i've been attending births. Luckily this client had decided to see a secondary provider and pay out of pocket for the access for anti-hemorrhagics that she fully intended on self administering, which she did. With the use of these medications we were able to minimize bleeding while we transferred to the hospital for a higher level of care. I whole heartedly believe that she was a good candidate for a home birth and that these medications saved her life. It was very much a possibility that even after adequate education that she would have chosen to not seek out those medications and in that case we would have gone without. It is also concerning to have clients/ partners/ grandmother/ friends/ whoever administer IM medications with no training, while the one trained professional in the room is unable to.

CommentID: 127155

Commenter: Dana Washington-Queen

8/10/22 12:16 am

Allow CPMs and LMs to carry Standard Medications for VA Homebirth Families in their Midwifery Care

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state officials recommend that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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CommentID: 127157

Commenter: Julia pelly

8/11/22 12:33 am

CPMs must be able to serve families fully

Model comment:

I am a homebirth mom and I agree with the statement below.

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CommentID: 127189

Commenter: Ray T

8/11/22 2:50 pm

Meds for midwives

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state officials recommend that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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CommentID: 127199

Commenter: Anonymous

8/12/22 7:11 am

Pleas allow midwives to prescribe basic medication

I am a home birth and birth center support and wanted to make the analysts and reviewers aware of an inconsistency in our regulations that impacts midwifery practice and public health. State law requires that a newborn be administered certain drugs within 24 hours of birth but the midwifery laws prevent us from carrying or administering these drugs. Furthermore, there are low risk procedures occasionally required during or after a birth that requires the administration of certain medications that the current law prohibits us from carrying and administering. We are trained and competent to administer these drugs but current law is preventing us from administering these drugs creating an unnecessary burden for our clients. For more information please feel free to contact the Virginia Midwives' Alliance at info@viriniamidwives.org or by visiting our website at www.viriniamidwives.org.

States across the country are making it so that homebirth and out of hospital midwives can carry these important medication's and administer these important mini medication's. Statistics prove that out of hospital birth is safe for healthy moms and healthy babies while midwives are often scrutinized about having unsafe birthing practices that simply is not true. Nobody talks about the horrendous Birth statistics in the hospitals throughout our state. As a family who has chosen homebirth I think that it is incongruent to allow out of hospital midwives to practice in our state but not give them the full rights of their training, or to carry the essential choose tools that they need to keep women and babies safe. Even though the demand of medication's administering of medication's for the low risk mom and baby are very very low.

CommentID: 127203

Commenter: Anonymous

8/12/22 4:12 pm

Midwife use of Vitamin K saved my baby's life

I live in rural Virginia, about 1.5 hours from the nearest hospital. After my first child was born before arrival, I opted for a home birth with licensed midwives for my second.

In their precipitous entry into the world, my second baby sustained a minor birth injury - a cephalohematoma. Out of an abundance of caution, my midwife suggested we take him to the pediatrician at two weeks of age and ask the doctor about giving him the injectable, more effective Vitamin K than the oral regime the baby was on. He said no.

Two weeks later, we noticed unexplained bruises on the baby, and I took him back to the pediatrician. When blood work and an x-ray came back normal, he suggested my toddler might be pinching the baby behind my back.

Unsatisfied with this answer, I told my midwife about the bruises and she immediately was concerned about Vitamin K deficiency, a key vitamin for blood clotting in infants.

Again, I asked my pediatrician if he would recommend a Vitamin K shot and again he said no - even as I began making plans with my midwife to deliver the injection, in line with their nationally certified training but against Virginia law.

The baby became increasingly unsettled and started crying inconsolably about 1.5 hours prior to her arrival. When he still didn't calm down after the shot, we raced to the ER where he was diagnosed with a brain bleed and life-flighted to the nearest PICU that could take him, 3.5 hours from our home.

Very fortunately for us, her administration of the Vitamin K likely halted the bleed - it hadn't grown in the hours between ER and PICU admission. After 8 days of testing and monitoring, he was discharged and diagnosed with Vitamin K Deficiency Bleeding, likely due to a failure of the oral dosage.

I can't allow myself to think what would have happened if my midwife had not caught the warning signs my pediatrician missed, prioritized meeting me that day for the vitamin K injection, or administered the shot. If she hadn't - especially with our rural location - I know that my baby could have been permanently brain damaged or died.

The ability for midwives to carry and administer Vitamin K should absolutely be legal in the state of Virginia. By administering Vitamin K to my baby, my midwife saved my baby's life.

CommentID: 127207

Commenter: Jeni Rector, CPM The Village Midwife and Birth Center

8/13/22 1:06 pm

Outdated midwifery law

I have been a Licensed Midwife in Virginia for nearly 15 years.

I own a freestanding birth center and have served over 700 families at home or in our center.

As a CPM, I have the ability to administer medications that can prevent or help manage life and death emergencies.

The current law is forcing me to practice at less than my full capability.

The law in Virginia does not reflect our scope of practice as defined by the North American Registry of Midwives' Job Analysis (the blueprint for the NARM Exam and the list of skills requiring

verification of competency by NARM Registered Preceptors). This law is outdated and adds unnecessary risks for community birth. There is only one other state (Arkansas) that licenses midwives yet restricts them from accessing these medications. Providers should be able to work within their full scope of practice.

The March of Dimes states that 47% of Virginia counties are Maternity Care Deserts. Maternity care deserts are areas where there is limited or no access to maternity health care services. Maternal mortality in the United States is higher than in all other industrialized countries, and postpartum hemorrhage is the leading cause of maternal mortality worldwide. Postpartum hemorrhage requires quick action to prevent severe maternal morbidity and mortality. It is unconscionable to withhold access to life-saving antihemorrhagic medications for any maternity care provider, but it is especially important given the maternity care desert situation in Virginia.

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It is time to support Virginia Licensed Midwives and the people they serve. This outdated law needs to be changed to reflect the current scope of practice of Licensed Midwives, and Virginia families deserve these life-saving medications wherever they choose to give birth.

CommentID: 127210

Commenter: Anonymous

8/14/22 2:17 pm

Midwives should be able to administer and prescribe these meds!!

Model comment:

I am a (occupation, parent, Virginian, etc) and I agree with the statement below. (Add personal statement if desired).

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CommentID: 127213

Commenter: Emma Stevens

8/14/22 2:47 pm

My midwife should have been able to have these available

I am a mother in Virginia and I agree with the statement below. I recently gave birth at a highly reputable birth center facility under the excellent care of fully certified CPMA and Doula and was prescribed all precautionary medications through a nurse midwife who has an independent practice and partners with my CPM. One of the prescriptions was rhoGAM (not needed unless baby's blood type requires after it is tested after birth and only available in a OB office or hospital unless it's ordered by a specialty pharmacy). My daughter was born 10 days ago at the beginning of a weekend and her blood type came back late on a Friday revealing that I did in fact need the shot. This must be given within 72 hours after birth so it couldn't wait until Monday when any specialty pharmacy would get it in as a special order. Because it was a weekend we were faced with either spending all day in an ER waiting for the shot (backing up actual emergencies and wasting precious hours with my newborn and recovery and risking infection in a hospital) or hoping and praying we found the medication in stock somewhere by some fluke. We spent my daughters first day home calling every pharmacy we and my midwives could think of hoping they might have one dose in stock. Within 200 miles, only ONE place happened to have one available and it was located two and a half hours away. My husband then left me home alone with my 2day old and toddler to pickup and pay CASH price for my shot. We are extremely lucky to have found that but had my birth center been authorized to prescribe and handle this medication (and honestly all other meds we ended up paying cash for just as a precaution) in house as the skilled well trained professionals they are, the whole situation could have been avoided and saved us much strain and expense as a family and for myself in recovery.

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. EVERY Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

Situations that are low risk and manageable within the home or community are, as a result, made into ordeals that at best inconvenience and at worst endanger the wellbeing of mothers and babies. Unnecessary exposure of infants to the public, and further overburdening of our healthcare systems, means that this inconsistency negatively affects the entire community. However, if the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility.

Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it.

CommentID: 127214

Commenter: Beth Wehr

8/14/22 2:51 pm

Thank you for reading- this is important to help the lives of mothers and their children

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified

Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state officials recommend that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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CommentID: 127215

Commenter: Christina Owens, CPM, LM (VMA VP) EVa Homebirth

8/14/22 3:58 pm

Licensed Midwife's Scope of Practice to administer certain medications

As Certified Professional Midwives, licensed to practice in Virginia, our current laws are outdated and not in line with our Job Description, according to our certifying body, NARM. It is of utmost importance for LM's to practice to their full scope as a matter of public safety and to decrease the burden on already overwhelmed healthcare facilities. During this current pandemic, midwives have helped relieve some of the burden on hospitals by increasing the number of community births attended. We can continue to do so and with an increase in reducing this burden with access to life-saving medications for birthing folks and their newborns, some of which are required by law but yet we cannot have access to them. We are not asking for prescriptive privileges, just the ability to carry and administer the needed medications to help keep families safe and within our Job Description and professional training.

CommentID: 127216

Commenter: Anonymous

8/14/22 4:56 pm

Safe home birth

Meds for CPMs and their clients!

CommentID: 127217

Commenter: Anonymous

8/14/22 5:27 pm

Allow midwives to practice fully

In favor of allowing VA midwives to administer medications to their clients and practice to their full ability! More options for safe, out of hospital births.

CommentID: 127218

Commenter: Kassy Newman

8/14/22 8:39 pm

Please change the current law

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state officials recommend that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

In my birthing situation, everything went exactly how I could have imagined it at the birth center. The midwives were so thorough and detailed in their practice. My baby was welcomed into this world in a peaceful and quiet place. She was healthy. There was only one issue... I started hemorrhaging after my daughter was born and in Virginia, midwives can't administer medication to stop that. I also had a tear and ultimately had to go to the hospital within the hour after my delivery. That trip to the hospital was a traumatic experience for my husband, new born baby, and me that could've been avoided if this archaic law was not in place.

Situations that are low risk and manageable within the home or community are, as a result, made into ordeals that at best inconvenience and at worst endanger the wellbeing of mothers and babies. Unnecessary exposure of infants to public spaces, and further overburdening of our healthcare systems, means that this inconsistency negatively affects the entire community. In our case. It was December when there was a huge COVID 19 spike. One of the main reasons that we opted for the birth center was to avoid the hospital at all costs. When I unfortunately had to be transferred to the hospital after my delivery, my husband and hour old newborn were not allowed to come with me, meaning I wasn't able to feed my daughter in her first few hours of life. We were left to the judgements of the hospital and did not feel supported.

If the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility.

Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it.

Please consider changing this law. It could save lives and prevent both physical and emotional traumas for mothers, fathers, and infants.

CommentID: 127220

Commenter: Nicole Kramer

8/14/22 9:59 pm

Please give VA midwives access to life saving medications!

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babies. Unnecessary exposure of infants to public spaces, and further overburdening of our healthcare systems, means that this inconsistency negatively affects the entire community. However, if the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility.

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CommentID: 127221

Commenter: Anonymous

8/14/22 10:46 pm

Please allow midwives to act within the full scope of their training

I am a mother of four home-birther children in Virginia, and I am asking that you review the outdated laws regarding what Virginia midwives are allowed/ not allowed to carry and administer.

Because midwives in Virginia are not currently permitted to administer the Vitamin K shot, I had to take each of my babies into the pediatrician same day or earliest next day so they could be given the shot (which I had to get a prescription for and pick up each time at 8 months pregnant because the pediatrician office doesn't carry those.) Interestingly, every time, my actual pediatrician was unsure and nervous about giving the shot and she herself wondered aloud why a CPM wasn't permitted to do so. If it weren't for the Vitamin K shot, the peds office only asked for an appointment within 48 hours, which, in my opinion, is quite different than giving birth and then having to go to the pediatrician several hours later all because my TRAINED birth attendant isn't allowed to administer something she's trained to do.

In addition, after the birth of our first child, I need stitches for a tear. The hospital had an opening for us late in the evening, so just four hours after giving birth, I was going to the hospital with my newborn to get stitches, with a doctor who was none too kind nor thrilled to be having to work at 11:30 PM. Again, had my midwife been allowed to use pain medication, she would have been able to do the stitches at home and relieved the burden on the hospital and the unfortunate doctor on call.

Please allow Virginian midwives to practice within the full scope of their training!!!

CommentID: 127222

Commenter: Debbie Wong

8/15/22 4:27 am

VA Families seeking a homebirth must be kept safe

I am a Virginia midwife and I agree with the statement below.

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national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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CommentID: 127224

Commenter: Anonymous

8/15/22 7:11 am

Allow CPMs to administer these essential, safe medications and treatments

I am a mother of three young children, one of whom needed to be born at home due to a history of fast births. I needed to receive stitches after the birth, and could only do so because I had a CNM present. Many Virginians do not have access to a home birth CNM, but many Virginians are safest giving birth in their home. Let's make home birth an accessible, safe option for all Virginians by allowing CNM to administer medications they are trained in providing.

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CommentID: 127226

Commenter: Forrest

8/15/22 8:56 am

Midwifery

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often required or requested at the time of birth. Furthermore, state officials recommend that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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CommentID: 127227

Commenter: Alexandra Loginov

8/15/22 9:12 am

Allow CPMs to administer meds

Allow CPMs to have and administer lifesaving medications during childbirth. Not doing this puts both mothers and babies at risk. It also makes things more complicated for mothers who need to figure out how to obtain these medications on their own and how to pay for them separately.

CommentID: 127228

Commenter: Jessica Sewell

8/15/22 11:04 am

Allow midwives to carry and administer necessary medications

I am a Virginian and a parent, and I believe that midwives in Virginia need to be able to carry and administer medications that are often required or requested at time of birth. State laws also require that a newborn be administered certain drugs within 24 hours of birth. Every licensed midwife is certified at the national level to carry and administer these medications, but the Virginia midwifery laws currently prevent them from carrying them or administering them. This flaw in the law prevents midwives in Virginia from serving the public health and safety of Virginians to the best of their training, skills, and abilities.

Situations that are low risk and manageable within the home or community are, as a result, made into ordeals that at best inconvenience and at worst endanger the wellbeing of babies and mothers. If the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility.

Licensed midwives are trained and certified to administer these medications; only the law prevents their acting on it.

CommentID: 127229

Commenter: Anonymous

8/15/22 12:15 pm

Medications Access

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state officials recommend that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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CommentID: 127231

Commenter: Anna Whetsel Rucker, Doula, HBCE. MomaRee's Doula Services, LLC

8/15/22 12:34 pm

VA Midwives need to admirer medications

Hello,

I'm voicing my concerns for Birthing Parents in VA. I love that parents have birthing options but for the homebirth option to be safer and more utilized option, Midwives need access and the approval to give life saving medications. All births are complete different. What works for one birthing parent may not work for another. To keep the risks down, as well as emergency expenses, it is imperative that Midwives have the ability and authority to administer life saving medications. The ability to administer the standard medications and vaccines that a Dr can would bridge the healthy access health gap in many families! Virginia needs to approve Midwives carrying and administering medications and vaccines as needed. Thank you for your time.

CommentID: 127232

Commenter: Anna Whetsel Rucker, Doula, HBCE. MomaRee's Doula Services, LLC

8/15/22 12:35 pm

VA Midwives need to administer medications

Hello,

I'm voicing my concerns for Birthing Parents in VA. I love that parents have birthing options but for the homebirth option to be safer and more utilized option, Midwives need access and the approval to give life saving medications. All births are complete different. What works for one birthing parent may not work for another. To keep the risks down, as well as emergency expenses, it is imperative that Midwives have the ability and authority to administer life saving medications. The ability to administer the standard medications and vaccines that a Dr can would bridge the healthy access health gap in many families! Virginia needs to approve Midwives carrying and administering medications and vaccines as needed. Thank you for your time.

8/21/22, 11:02 AM

CommentID: 127233

Commenter: Louise Smith

8/15/22 1:00 pm

Let midwives do their job properly

I support change in the law to allow midwives to carry and administer medications that they are trained to use and that mothers and babies need.

CommentID: 127235

Commenter: Joanna Berger

8/15/22 1:09 pm

Protect families by allowing midwives to administer the medications they are trained to use

I had a midwife-assisted home-birth. It was by far the best choice for me and my baby. My baby and I had a perfect birth experience. There were many, many reasons why I felt that a home birth was by far a better option for me than a hospital birth. One reason was that the women on my dad's side of my family have always given birth at home with professional midwives because my dad is from England and that is still standard practice in the UK. My great aunt and cousin are both professional midwives in the UK. Virginia needs to allow trained midwives to do their jobs. Midwives need to be allowed to administer medications that can really, really help mothers and babies! It needs to be easier for midwives and their clients to access these medications. There is no reason to restrict midwives from using the medications that they are trained to use. Please stop unnecessarily restricting midwives' access to medications to use during out-of-hospital births.

CommentID: 127236

Commenter: Mr. Horst

8/15/22 4:54 pm

Repeal This Idiotic Law and Let the Trained Professionals do their Job

I am a concerned Virginia parent and voter. My wife and I had a traumatic birth experience at a hospital prior to covid. We felt more like we were being sent through a General Motors assembly line than receiving care as human beings. Since then, covid has made hospital experiences worse with increased regulations and rules. With our second child we received care from a certified professional midwife both pre and post birth. This last birth experience far surpasses the hospital experience. At our child's birth the midwife had to use an AMBU bag. Her next option was oxygen, which this ridiculous law prevents her from using. Every human being has a right to oxygen which is essential for life. My wife also would need the RhoGam shot if it weren't for my blood type, which of course, this law prevents the midwife from administering. Politics and greed for money and control now governs our healthcare providers and this ridiculous law needs to be abolished immediately for the safety of the citizens of the Commonwealth of Virginia. Not allowing these professionally trained midwives exercise the skills they are trained in is like not allowing an EMT/Firefighter to administer CPR.

Furthermore I also agree with the following statement.

"A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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CommentID: 127245

Commenter: Tina Bein

8/15/22 5:04 pm

Midwives

Let Midwives do their job in homebirths. Midwife's should be able to help their clients with medications that are necessary during pregnancy and birth. They are highly trained and very knowledgeable. They know what they are doing.

CommentID: 127246

Commenter: Anonymous

8/15/22 5:13 pm

Midwives

Please allow them to administer needed medications for women during and after birth!!!

CommentID: 127247

Commenter: Jessica H.

8/15/22 9:56 pm

Midwives are amazing

Don't limit midwives! They are amazing people with a breadth of knowledge and skills they should be permitted to use. Why take away lidocaine and force a woman who had an otherwise uncomplicated birth to have to go to the hospital for stitches when her midwife could handle it? Why are you wanting to keep them from accessing rhogam which helps a woman not develop rh+ antibodies that would harm her next baby? These proposals make no sense. Let midwives use their skills.

CommentID: 127250

Commenter: Anonymous

8/15/22 9:57 pm

Midwives and their right to administer life saving medication

As a woman who has had a homebirth, I have seen the outstanding care that certified professional midwives offer to their clients. It is unacceptable that they aren't allowed to carry life-saving medication or offer to administer vitamin K to an infant after birth. They are trained to do all that and should be allowed to carry and administer medication. Let them be able to offer even better care to mothers and families throughout pregnancy, birth and postpartum.

CommentID: 127251

Commenter: Elizabeth Losh

8/15/22 10:43 pm

Supporting Midwives

I agree that this is a great way to support women's health.

CommentID: 127252

Commenter: Mel J Horan

8/16/22 12:13 am

Empower Midwives

Midwives should have every tool available to them to ensure the health of newborns and mothers.

CommentID: 127253

Commenter: Anonymous

8/16/22 7:34 am

Midwives are the answer to maternity care deserts!

Maternity care deserts are areas where there is limited or no access to maternity health care services. According to a 2020 report published by the March of Dimes, 47% of Virginia counties are Maternity Care Deserts (March of Dimes, 2020)

Licensed Midwives in Virginia are restricted from administering medications that are within their scope of practice. Virginia is one of only two states that license midwives, yet restrict them from accessing these medications. Providers should be able to work within their full scope of practice. Virginia Midwives for Safe Community Births is a group of Virginia Licensed Midwives, freestanding Birth Centers, and consumers interested in improving community birth by updating Virginia's outdated midwifery law prohibiting Licensed Midwives from being able to possess and administer medications that make community birth safe.

CommentID: 127254

Commenter: Anita Barefoot

8/16/22 8:13 am

Save mothers lives, empower midwives!

Give midwives what they need to practice to the full extent! Midwifery care saves womens lives!

CommentID: 127255

Commenter: Jenny Fox

8/16/22 9:16 am

CPMs are trained to use medications and authorized to do so in other states

I am a Virginia midwife, and have previously held a midwifery license in another state. A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Part of our training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which may be required or requested at the time of birth. Furthermore, state laws require that a newborn be

administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws in Virginia prevent them from carrying or administering them.

Midwives who are licensed in other states have access to these medications because having access to medications is an essential component to provide safe community birth, and a normal part of midwifery. There are many examples from other states who have developed reliable pathways for midwives to have access to the medications we are trained to use so that families can be offered the safest care. It is reasonable and necessary to change this so that midwives can carry and administer appropriate medications in Virginia.

CommentID: 127257

Commenter: Anonymous

8/16/22 11:04 am

Midwives in VA

I am a parent and I agree with the statement below.

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CommentID: 127261

Commenter: Anonymous

8/16/22 1:05 pm

Keep Women and Newborns Safe Through CPM Care

Please keep pregnancy and childbirth safe for women who choose Certified Professional Midwife (CPM) care in the State of Virginia.

CPMs need the ability to administer treatments which include but are not limited to State-required Vitamin K shots to newborns, anti-hemorrhage shots to mothers after birth if there is excessive bleeding, Rhogam to mothers with negative (-) blood types to prevent immune response against positive (+) blood type babies, Lidocaine when stitching is required, IV fluids to laboring moms for dehydration, Antibiotic IVs for moms with Group B strep at risk for passing it to their babies, Oxygen to support desirable heart rates in both mothers and babies, and Erythromycin eye ointment applied to newborns to prevent infection.

Virginia Administrative Code - Title 18. Professional And Occupational Licensing - Agency 85. Board of Medicine - Chapter 130. Regulations Governing the Practice of Licensed Midwives

needs to be amended so that midwives can be licensed to administer basic life-saving treatments & preventatives to newborns and pregnant moms. Amending this regulation (i) is necessary for the protection of public health, safety, and welfare of mothers and their newborns.

CommentID: 127263

Commenter: Madison Orme

8/16/22 3:48 pm

Protect Women in Virginia

I am an Office Manager at a local birth center and I agree with the statement below. My son, now six years old, was born at home in the company of two qualified, licensed, and experienced midwives. I was so fortunate not to need any medications in the company of my birth, but there are so many women in Virginia who don't have the same fortune. As it stands, pregnant parents are required to jump through a series of hoops in order to receive the medications essential to the safety of their birth.

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CommentID: 127268

Commenter: Lori Murafka Orme CPM

8/16/22 4:07 pm

Full scope practice for midwives

I co-own a free-standing birth center in Virginia and I have been a licensed, practicing midwife in Virginia for 15 years. Our practice serves about 100 clients a year. I could give many examples from the births I have attended as to how a dose of pitocin or IV fluids would have been helpful and perhaps even have avoided an unwanted transfer to a hospital. I can list off countless examples of the "work arounds" my clients have experienced in order to get needed medications such as Rhogam or Vitamin K. But many of those stories have already been told in other comments. The fact of the matter is that licensed midwives in Virginia should be able to practice to the full extent of their scope which includes being able to carry and administer medications as we are trained to do. It is a matter of public safety.

CommentID: 127270

Commenter: Marinda Shindler CPM LM

8/16/22 4:32 pm

Necessary Changes for the Health and Safety of Women and Babies

I am a Certified Professional Midwife Licensed in Virginia and I agree with the statement below. A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of our training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws and regulations prevent them from carrying or administering them.

Situations that are low risk and manageable within the home or community are, as a result, made into ordeals that at best inconvenience and at worst endanger the wellbeing of mothers and babies. Unnecessary exposure of infants to the public, and further overburdening of our healthcare systems, means that this inconsistency negatively affects the entire community. However, if the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility.

Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it.

CommentID: 127272

Commenter: Leah Paul

8/16/22 4:48 pm

Midwives and Medications

I'm a licensed midwife who co-owns a freestanding birth center in Virginia. Not being able to practice within my full scope as a Certified Professional Midwife by being prevented from carrying and administering certain medications that I am trained and certified to administer, is at best, inconvenient and extremely frustrating, and at worst, dangerous for the women and babies who might require said medications.

The below comment sums this issue up perfectly:

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state officials recommend that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self reliant

communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it.

CommentID: 127273

Commenter: Anonymous

8/16/22 6:44 pm

Is the restrictive law worth a life !

I am a trained doula, certified lactation counselor and a future student midwife. I have been a patient of a CPM. The restrictive Va law could have cost my life! I had a postpartum hemorrhage and had to self-administer my own prescription of pitocin. My children could be motherless if I was unable to do so, because the law prevented my midwife from doing what she was trained nationally to do !

CommentID: 127278

Commenter: D3

8/16/22 7:20 pm

Responsibility = ability to respond

Midwives in VA are responsible for the care of mother and babies before, during, and immediately after birth. However the law does not allow them the **ability to respond** adequately in all the situations they face. There are several parts of the Commonwealth where a hospital is more than an hour away. Midwives are need to be able to use appropriate pharmaceutical solutions to protect those mothers and babies they are responsible for. Midwives have extensive training in on these solutions but are barred from applying the best solution.

CommentID: 127279

Commenter: Mary Wese

8/16/22 7:25 pm

Virginia Midwives and life saving medications

Im a mom of 4. Ive had 2 homebirths. My first child was born in 2001. Around 2003, the Virginia Assembly finally repealed the law that had banned homebirth midwives for at least 10 years from practicing (unless you were grandfathered in). So hurray Virginia Assembly and homebirth advocates! We turned it around in 2003. Now allowing midwives their full scope of practice is up for debate. That is wonderful! Though Im not sure why it's a debate, unless it is to protect the OBGYNs business. As a homebirth advocate in 2002, I know that was the issue. The object of delivering a baby is to protect both mother and child, not to protect someone's business. Of course homebirth midwives should be able to carry and administer life saving medicines. Homebirth is a viable option for many women. Homebirth midwives provide excellent one on one care and support to their clients, which can not be said for large OBGYN practices. And that care provides excellent results. So now is the time for Virginia to make medications appropriate for childbirth accessible the our homebirth midwives.

CommentID: 127280

Commenter: Anonymous

8/16/22 7:42 pm

Midwives should be able to use medications within their scope of practice

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state officials recommend that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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CommentID: 127281

Commenter: Anonymous

8/16/22 8:17 pm

Support Midwives in VA

As a student midwife working towards the Certified Professional Midwife certification, I am fortunate to be learning from four incredible Licensed Midwives. As I apprentice with these smart and highly trained women, I am inspired and motivated for my future career as a midwife, serving the expectant mothers of my community. Access to and administration of medications is a huge barrier I see my preceptors face on a daily basis in their busy birth practice.

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws in Virginia prevent them from carrying or administering them.

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CommentID: 127282

Commenter: Ethan P Dunn

8/16/22 8:24 pm

Midwives should have meds

Midwives take care of patients way out in the boondocks where no other medical attention is available, and even when they work in birth centers in a town, a doctor is not wanting in the next room. Also they already have the training to administer drugs. Midwives should be allowed to administer meds. Lives are endangered otherwise.

CommentID: 127283

Commenter: Rebekah Vansant RN BSN

8/16/22 9:06 pm

Allow CPM to provide life saving medications

As a current practicing Labor and Delivery nurse in a hospital setting, I am in full support of CPMs having the right to carry and administer medications. To improve maternal mortality and morbidity rates, mothers and infants must have access to certain medications. CPMs frequently practice in areas far away from hospitals and need certain medications to treat emergency situations, like a postpartum hemorrhage. CPMs are trained on how to carry, administer, and monitor response to medications. CPMs administering routine and necessary medications will decrease strain on hospitals when homebirth clients have to go into a hospital to receive an injection. America has one of the worst maternal morbidity rate in the developed world. Allowing CPMs to function fully as they have been trained will only improve maternal outcomes. Please give them the right to administer medications.

CommentID: 127284

Commenter: Pamela H. Pilch, Esq.

8/16/22 9:09 pm

License Emergency Meds for Out of Hospital Midwives

I urge the Virginia Board of Medicine to find a way to permit licensed midwives (Certified Professional Midwives) to possess, carry and administer emergency medications (anti-hemorrhagics, oxygen, IV fluids) and standard maternal and newborn medications. Currently, CPMs are trained and fully certified to administer these medications. Because their use is expressly part of the CPM scope of practice outlined in the current NARM Job Analysis, which is the statutory standard in the Virginia Code, when mothers obtain a prescription from their own provider for emergency labor or standard maternal or newborn medications, their CPM/LM should legally be allowed to administer them. Failure to permit midwives to practice to the full scope of their training and certification puts mothers and babies at risk.

CommentID: 127285

Commenter: Meghan Kelly

8/16/22 9:20 pm

Midwives should have RX rights

Midwives should be able to prescribe basic, appropriate prescriptions. This is really an obvious call. The medications on question are low risk and high benefit. A midwife should have the ability to prescribe within a specified scope of medications.

CommentID: 127286

Commenter: Benjamin Pilch

8/16/22 9:30 pm

Facilitate safe conditions for homebirth mothers

My name is Benjamin Pilch. I am a 23 year old student at George Mason University and I support women's reproductive choice in birthing in Virginia. My two brothers were born at home with midwives and it is very important to me that midwives in Virginia be allowed to carry and administer ALL emergency and standard maternal and newborn medications which they are trained and certified to use. It prevents women from having full bodily autonomy when they cannot access these meds from their midwives when they have home births or birth center births. I urge that the regulations be changed to permit Certified Professional Midwives to carry and administer these meds. Thank you.

CommentID: 127287

Commenter: Spencer Thompson

8/16/22 9:30 pm

LET MIDWIVES USE THEIR MEDS

I support women's reproductive choice in birthing in Virginia. It is very important to me that midwives in Virginia be allowed to carry and administer ALL emergency and standard maternal and newborn medications which they are trained and certified to use. It prevents women from having full bodily autonomy when they cannot access these meds from their midwives when they have home births or birth center births. I urge that the regulations be changed to permit Certified Professional Midwives to carry and administer these meds. Thank you.

CommentID: 127288

Commenter: Daniel Pilch

8/16/22 9:47 pm

Midwives are trained and certified, let them administer medication

I am a 20 year old student at George Mason University and I support women's reproductive choice in birthing in Virginia. My brother and I were both born at home with midwives and it is very important to me that midwives in Virginia be allowed to carry and administer ALL emergency and standard maternal and newborn medications which they are trained and certified to use. It prevents women from having full bodily autonomy when they cannot access these meds from their midwives when they have home births or birth center births. I urge that the regulations be changed to permit Certified Professional Midwives to carry and administer these meds. Thank you. -Daniel

CommentID: 127289

Commenter: J. Anderson Gould, LCSW

8/16/22 10:07 pm

Support healthy moms and babies - allow midwives to carry medications

Virginia lawmaker,
As the partner of a mother who gave birth at home under the care and guidance of a team of midwives, I can personally attest to the depth of knowledge and wisdom that these practitioners possess. Throughout our prenatal care they were able to quell concerns, prepare us with realistic expectations, and guide us in honing my partner's birth plan so that it reflected her wishes while keeping the realities of child birth in mind.

While my partner was fortunate in her birth process to not require significant medication administration, I am well aware that every birth is unique. In an effort to best equip our midwives for the myriad of possibilities that can present over the course of labor, I urge you to support

legislation that will allow these practitioners to carry and administer the medications that can mean the difference between a successful home birth or birth at a birth center or a potentially traumatic hospital transfer.

Our midwives possess a deep and old wisdom through their training, practice, and their inherent ties to the power of a woman's intuition. By supporting the robust practice of midwifery in all ways, you will be supporting countless mothers and children through healthier and safer labor and child birth.

Thank you in advance for your support and consideration. If I can be of any service in clarifying any of my points please do not hesitate to reach me at (804)586-6345 or Anderson.gould@gmail.com.

Respectfully,
Anderson Gould, LCSW

CommentID: 127290

Commenter: Sarah Miksa

8/16/22 10:13 pm

Legalize pertinent LM medication administration in VA

Both of my children were home-birthered: my eldest in the State of Washington and my youngest in the Commonwealth of Virginia. Although my VA midwife had three times as many years of experience as my WA midwife, I understood that birthing at home in VA was inherently riskier as my midwife could not legally administer a narrow range of medications pertinent to pre/post-natal care and birthing, for which she was trained and certified. Some of these medications might be a matter of convenience (e.g., not needing to make separate trips to a doctor's office to receive rhogam shots) - but consider that convenience is a matter of privilege and a barrier to access for others.

CommentID: 127291

Commenter: Meagan Flaherty

8/16/22 10:41 pm

Virginia Midwifery Laws Must Change to Reflect National and Global Midwifery Practice Scope of Care

Honorable Members of the Board,

Certified Professional Midwives (CPM) play an important role within our communities by providing alternative quality perinatal health care options to the families living in Virginia, as well as helping to ease the strain on the already overburdened hospital systems. Community birth in home and birth center settings along with receiving excellent antepartum, intrapartum, and postpartum care with licensed midwives is becoming more and more mainstream both locally and nationally. Virginia saw a clinically significant rise in the number of home deliveries between 2019 and 2020 compared to 2018 to 2019, and will likely continue to trend upwards (Gregory, Osterman, & Valenzuela, 2021). This rise can be attributed to a number of factors including families becoming more aware of the maternal health crisis in the United States, the high rate of interventions even with low-risk pregnancies and births that are utilized in hospital settings, fear of being exposed to COVID in hospital settings, being aware that midwifery care has shown to improve outcomes in low-risk pregnancies, and lack of access to perinatal care providers or hospitals within their local communities.

Current Virginia midwifery laws and regulations restrict Licensed CPMs within our state from prescribing, carrying, or administering controlled substances that are recognized as being within their scope of practice on both nationally and globally (International Confederation of Midwives,

2019; North American Registry of Midwives, 2016). This is problematic because not only does Virginia law mandate that Erythromycin eye ointment be administered to the newborn as soon as possible after delivery yet CPMs are prohibited by law to do so, CPMs are also unable to manage common conditions such as dehydration during labor with IV fluids or administer Rho(D) immune globulin to Rh- clients. In addition certain complications that could be appropriately managed in a home or birth center setting with medications, such as postpartum hemorrhage, require hospital transfers which are disruptive to the important physiologic processes after delivery that ensure appropriate bonding between the mother/infant dyad as well as establishing lactation, they are also a burden on the health system. Lastly, to deny trained perinatal healthcare providers such as CPMs access to life-saving medications for emergency situations is akin to telling birthing families that the Virginia Medical Board views them as just another statistic, and not worthy of access to the full scope and care that the North American Registry of Midwives (NARM) and the International Confederation of Midwives list as part of the essential skills a midwife must possess.

It is imperative that you review the current midwifery regulations restricting controlled substances and make positive change for the mothers, babies, and families within our state by allowing licensed CPMs unrestricted access to the medications and therapies that NARM lists as part of their accepted scope of practice. Please show the families of Virginia that you are committed to ensuring that every pregnant person has access to safe, quality, and comprehensive midwifery care.

Respectfully,

Meagan Flaherty

References

Gregory, E., C., W., Osterman, M., J., K., & Valenzuela, C., P. (2021). Changes in home births by race and hispanic origin and state of residence of mother: United States, 2018–2019 and 2019–2020. National Vital Statistics Reports, 70(15), 1-10. <https://www.cdc.gov/nchs/data/nvsr/nvsr70/NVSR70-15.pdf>

International Confederation of Midwives. (October, 2019). Essential competencies for midwifery practice [PDF]. https://www.internationalmidwives.org/assets/files/general-files/2019/10/icm-competencies-en-print-october-2019_final_18-oct-5db05248843e8.pdf

March of Dimes. (June, 2021). Maternity care desert. March of Dimes Peristats. <https://www.marchofdimes.org/peristats/datareg=99&top=23&stop=641&lev=1&slev=4&obj=9&src=51>

North American Registry of Midwives. (2016). 2016 NARM job analysis survey comprehensive report [PDF]. Inteleos Psychometric Services. <http://narm.org/pdffiles/2016-Job-Analysis.pdf>

CommentID: 127293

Commenter: Anonymous

8/16/22 10:46 pm

Let CPMs administer medications

CPMs are specifically trained to manage out of hospital prenatal care and births, and that training includes the administration of important medications. Virginia law prohibits CPMs to use and administer these medications, which could be life-saving. They need to be allowed to practice as they are trained to do.

CommentID: 127294

Commenter: John Pilch

8/16/22 11:03 pm

Certified Professional Midwives are excellent and deserve support

My wife and I had our first child in a hospital setting. The experience was awful and the baby nearly died from mistakes by nurses and doctors. We had our second and third children at home with Certified Professional Midwives (CPMs). It was great! The CPMs demonstrated much greater knowledge and competence than did the hospital personnel, and the "bedside manner" was not even close. With that experience in mind, I urge you to change the regulation so that CPMs in Virginia are clearly allowed to carry and administer ALL emergency and standard maternal and newborn medications which they are trained and certified to use. This would put CPMs on the same level as EMTs, which I believe is both appropriate and common in other jurisdictions around the world. CPMs provide a vital service in a well-defined segment of the healthcare market and they deserve the right to do so without having one hand tied behind their back. Thank you.

CommentID: 127295

Commenter: Gwen Paulson

8/16/22 11:08 pm

Birth access in VA

I'm a homebirth mom, Perinatal Mental Health Therapist, and Birth Doula in Fredericksburg, VA. I wholeheartedly support midwives to practice at their full scope for the health and safety of the families they serve, including access to critical medications for birth and postpartum. As someone who works with a midwifery practice professionally, has experienced midwifery care personally, and offers counseling to persons during the perinatal period, I trust midwives, their training, their practice, their profession, and scope. Additionally, I trust birthing persons to make the best decisions for them regarding their prenatal and birth care. Birthing parents are best able to make these choices when midwives are able to practice at their full scope. So often I meet with parents who have experienced tremendous birth trauma and have desires midwifery care but have been denied largely due to concerns for access to some of these critical medications. The trauma these women experience impacts their mental health significantly as well as their ability to care for their babies and form attachments to their children, which we know has additional long term effects. Supporting midwives is supporting families and family values.

CommentID: 127296

Commenter: Jerika Smith

8/17/22 12:40 am

Give the autonomy for midwives to practice within their scope and training

As a student midwife, I agree with the statement below!

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often needed or requested during antepartum period, at the time of birth, or postpartum. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

Situations that are low risk and manageable within the home or community are, as a result, made into ordeals that at best inconvenience and at worst endanger the wellbeing of mothers and babies. Unnecessary exposure of infants to the public, and further overburdening of our healthcare

systems, means that this inconsistency negatively affects the entire community. However, if the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility.

Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our CPMs/LMs are already trained and certified to administer these medications; only the law prevents their acting on it. Please remove the barrier to a "community standard of care" that we want to be held by. Allow midwives to administer, posses all the tools(medications) they need to offer safe, quality care for women and families in our state of Virginia.

CommentID: 127297

Commenter: Tara

8/17/22 1:37 am

Midwives are capable

Midwives have to go through extensive training to become a CPM. Since this is the case, CPM's are more than capable of providing medicine to their patients in the event of a need/emergency.

CommentID: 127298

Commenter: Brittany Monaghan

8/17/22 4:50 am

Midwives MUST be allowed to administer medications!!!!

I am a parent and soon to be student midwife in Virginia and I agree with the statement below. Access to appropriate medications and medical treatment is a basic human right. Certified Professional Midwives are nationally trained to administer the medications used in their practice yet Virginia law prohibits them from performing their jobs properly putting countless mothers and babies at unnecessary risk. The law needs to change immediately.

CommentID: 127299

Commenter: Lindsay Meredith

8/17/22 8:30 am

Let them do their jobs

I am an educator and I agree with the statement below:

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CommentID: 127301

Commenter: Anonymous

8/17/22 11:03 am

Let CPMs practice in full scope of care!

I reside in Fredericksburg VA and attempted to give birth under midwifery care, however, due to lack of availability exacerbated by lack of policy support in Virginia, was attended by an OB.

a flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often needed or requested during antepartum period, at the time of birth, or postpartum. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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why is our policy limiting practitioners from utilizing the full scope of their professional training, especially in the midst of a national provider shortage?

CommentID: 127303

Commenter: Helen Avramidis

8/17/22 11:46 am

Comment

I am a doula and I agree with the statement below. A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified

Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it. Mothers deserve the best care possible without having to advocate unnecessary things for themselves, and midwives are the best care for them.

CommentID: 127304

Commenter: Erin Murphy, CPM, LM

8/17/22 12:09 pm

**Laws and regulations should be in place to protect birthing families, not harm them.
Change the law!**

Laws and regulations should be in place to protect birthing families, not harm them. Having an outdated law that restricts midwife's availability to obtain, administer life-saving, and evidence-based medications is not helping VA families, it is hurting them. Please update this outdated law.

These medications are already within our CPM scope of practice.

I question the motives of anyone opposing access of these medications for midwives. How can anyone oppose mothers' having access to these standard of care, evidence-based medications?

Please update our regulation so that CPMs can practice within our full scope.

CommentID: 127305

Commenter: Robin Brown

8/17/22 12:31 pm

Women's rights are human rights!

Legalize midwives access and medication to properly treat women in Virginia!

CommentID: 127307

Commenter: Erika Bennett

8/17/22 1:33 pm

Change the Law!

Allow midwives to practice in their full scope of care. Mothers and babies will be better cared for and protected.

CommentID: 127308

Commenter: Anonymous

8/17/22 1:34 pm

Give midwives full rights

Midwives should be given full medical license rights. They should be able to administer medicines that could save lives in an emergency.

CommentID: 127309

Commenter: Misty Ward VA Birth Center Alliance

8/17/22 2:21 pm

Barriers to medication access for LM's is a safety hazard.

Virginia families choosing community birth deserve easy, affordable, and barrier free access to standard medication for pregnancy, childbirth, and their newborn that makes birth and babies safer. The current restrictions to access lead many families to forgo potentially life-saving treatment for themselves and their newborn. We know through research that these medications are safe and effective and that when families have easy access their compliance, satisfaction, and outcomes are improved. Please keep this in mind as you review the Licensed Midwife regulations.

CommentID: 127310

Commenter: Kamika Brown

8/17/22 2:55 pm

Medication access for CPM!

Clients(birther and Baby) of birth centers and home birth deserve ease of access to the possible life saving medication as well as every medication that is routinely given in hospital. We are trained professionals that should be able to work within our license. Our clients should not have to go to a 3rd party providers to gain access to medications, then be asked after giving birth to push a needle with medication into their baby or their own bodies. This is a rather scary concept to alot of people.

While taking a new look at our regulations please keep in mind that allowing out of Hospital CPM's to carry and administer pitocin & or misoprostal for the purpose of postpartum hemorrhage, lidocane for suturing in the postpartum, Vit-K for newborns to prevent VKDB, erythromycin ophthalmic ointment for newborn eye infection should be allowed by the state of Virginia as it is under our licensure

CommentID: 127314

Commenter: Kat Mcclenahan

8/17/22 3:25 pm

FIX LAWS SURROUNDING CPMS

I am a mom of 2 boys, and have birthed both babies out of hospital, one at a birthing center and one at home.

CPMs deserve to have flexible laws surrounding their care for moms who choose to birth out of hospital. Preventing them from doing so won't stop out of hospital births. So please allow them to provide safe and affective prenatal and postnatal support!

Thanks!

CommentID: 127317

Commenter: Emily Huffman

8/17/22 3:50 pm

Support FULL practice for licensed midwives

I am a Virginia resident and was a midwifery client for both my pregnancies. The training licensed midwives undergo is rigorous, comprehensive, and ongoing. I felt I was in excellent hands throughout my pregnancies and births. It is upsetting our midwives are restricted from offering a full scope of practice. My first birth I was advised to transfer to hospital after completing 95% of labor at home simply because my midwife was not permitted to administer IV fluids. This was administered to me en route to the hospital and was the ONLY intervention needed to safely and naturally birth my daughter. She was born within 20 minutes of receiving fluids and I had no medical emergency which required hospitalization. Had my midwife been able to practice within the full scope of her training, I likely would have completed my birth at home. Midwives in Virginia are an important asset to birthing women and should be treated as such with supportive legislation. I agree with and support the following statements:

Virginia Licensed Midwives currently are not permitted to possess, prescribe, or administer potentially life-saving medications within their scope of practice. This needs to change! I ask for your support for legislation allowing Licensed Midwives the right to provide the medications within their scope of practice.

Maternity Care Desert

Maternity care deserts are areas where there is limited or no access to maternity health care services. According to a 2020 report published by the March of Dimes, 47% of Virginia counties are Maternity Care Deserts (March of Dimes, 2020)

Safety & Ethic

Maternal mortality in the United States is higher than all other highly industrialized countries. More than 700 people die each year in the United States from childbirth-related causes, and it is estimated that approximately 60% of those deaths are preventable (Maternal Mortality Review Information Application (MMRIA), 2018). Hemorrhage is the leading cause of maternal death worldwide (James, 2022), and there are basic medications Licensed Midwives can administer to prevent or treat postpartum hemorrhage. Access to life-saving medications is a human right and is essential to safe practice in all birth settings

Strain on Hospital System

Families who choose to give birth at home or at a freestanding birth center ease the strain on hospital systems. It is unnecessary to burden hospitals with the responsibility of providing basic medications that could safely be administered outside the hospital setting

Scope of Practice

Licensed Midwives in Virginia are restricted from administering the medications that are within their scope of practice*. Virginia is one of only two states that license midwives yet restrict them from accessing these medications. Providers should be able to work within their full scope of practice

Workaround

Families must jump through numerous hoops to gain access to the medications that make their birth safer. Some must drive over two hours to see a physician who would be willing to prescribe medications. Some must go to the hospital within 2 hours of their baby's birth so that their baby can receive a potentially life-saving vitamin K injection or erythromycin eye ointment that can prevent permanent blindness due to maternal infection. Some people must choose between having to endure the pain of being sutured without the use of local anesthetic or risking permanent damage to their body by not having those lacerations repaired properly. Some must self-administer

prescribed medications, while their Licensed Midwife stands by, unable to assist them due to an outdated law

I urge you to support Virginia Licensed Midwives and the people they serve. This outdated law needs to be changed to reflect the scope of practice of Licensed Midwives, and Virginia families deserve these life-saving medications wherever they choose to give birth.

Sincerely,

Emily Huffman

CommentID: 127319

Commenter: Caeli Werner

8/17/22 4:38 pm

Supporting safe delivery/ full access

I support Licensed CPM in the state of VA getting medications, that are potentially life saving and standard in many other states, in order to offer the best care to their clients

CommentID: 127321

Commenter: Emily Friar CPM

8/17/22 5:18 pm

Please support all Virginia mothers and babies

Please support all Virginia families, including those that make the decision to deliver at home or in a birth center with the assistance of a CPM, by removing barriers to life saving medications.

CommentID: 127322

Commenter: Ildiko Baugus, CPM, LM

8/17/22 6:12 pm

Statement on Midwives concerning changes to Midwife laws

On behalf of the Virginian Midwives Alliance, I want to urge the sunset reviewers and analysts to consider advising the legislature, in the sunset report, to address the inconsistency between the midwifery scope of practice and the current legislation. The midwifery scope of practice allows the use of certain medication in their practice and as a result Virginia midwives are trained in the proper use of these medications. However, current Virginia law prohibits midwives from using these medications in their practice. This results in one of several undesirable options; 1) the mother self-medicates, 2) a 911 call, which, according to several local fire department financial supervisors, costs approximately \$2,000 each, 3) mother and baby travel to a medical facility and since 47% of Virginia is considered a maternal care desert (March of Dimes Report, October 2020) that creates a significant burden of the new mom and baby. None of these outcomes are desirable or healthy and can easily be addressed by changing the law to be consistent with the midwifery scope of practice.

Sincerely,

Ildiko Baugus, CPM, LM

President, Virginia Midwives Alliance

CommentID: 127325

Commenter: Karen Kelly, Virginia Affiliate of American College of Nurse-Midwives

8/17/22 6:24 pm

Bring LM Scope in Regs Up to National Standards

On behalf of the Virginia Affiliate of the American College of Nurse-Midwives, I am writing in support of the review and amendment of regulations regarding the inability for Licensed Midwives, to practice to the full extent of their scope and national standards outlined by their certifying body, the National Association of Registered Midwives (NARM). The current regulations in Virginia on Certified Professional Midwives, (CPMs), titled "Licensed Midwives", are in opposition to evidence based recommendations from the World Health Organization and March of Dimes with regard to ability of CPMs to best utilize pharmaceutical agents that are within their education and scope that will have the biggest impact on reducing maternal, newborn and child morbidity and mortality in the community birth setting.

The midwifery model of care is known to be a key component to improving the health of Virginians during the childbearing years. The purpose of licensure and regulations are for public and professional safety. Excluding valuable maternal health care providers from prescribing, possessing or administering medications considered life saving, and which would allow them to practice in accordance with national standards, is a barrier to integrating the midwifery model of care into the health system.

For these reasons we recommend amending the law to remove the exception for prescribing, possessing, and administering medication in 54.1-2957.9 and thus amend the regs 18VAC85-130-80.

Sincerely,

Karen Kelly, CM, MS, FACNM

President-Virginia Affiliate of the American College of Nurse-Midwives

CommentID: 127326

Commenter: Natalie Detrich, FNP

8/17/22 6:28 pm

Autonomous practice

I support midwives to have full autonomous practice, including prescribing power for life saving medications.

CommentID: 127327

Commenter: Anna Graham, RN, BSN

8/17/22 6:53 pm

Let out of hospital midwives carry emergency medications

Let out of hospital midwives legally carry emergency medications. Change the law.

CommentID: 127329

Commenter: Lydia Heatwole

8/17/22 7:39 pm

Allow midwives to administer medicines/drugs!!

After complications delivering my placenta in my first 2 births, pitocin was a GAME CHANGER for the 3rd time. The differences with my placenta delivery as well as overall birth recovery was almost night and day. My midwives are completely competent in administering commonly used medicines. This fundamental right goes along with their practice. To an extent, their "hands are tied" when unable to have the full scope of "tools" at their disposal. Allow them to do this!!

CommentID: 127331

Commenter: Rebecca Amstutz

8/17/22 8:20 pm

Midwives should have access

Cpms are trained to use meds and use them in other states. Restricting their access in VA makes birth less safe not more safe. Let midwives legally use meds to make birth safer in VA.

CommentID: 127332

Commenter: Melanie

8/17/22 8:42 pm

Midwives

Midwives should have access to necessary medication.

CommentID: 127333

Commenter: Anonymous

8/17/22 8:48 pm

Support midwives and families in VA

As a birth professional and aspiring midwife I agree with the following statement:

It is time to support Virginia Licensed Midwives and the people they serve. This outdated law needs to be changed to reflect the current scope of practice of Licensed Midwives, and Virginia families deserve these life-saving medications wherever they choose to give birth.

CommentID: 127334

Commenter: Jill Crossland

8/17/22 8:49 pm

My VA midwife is more qualified to administer my Rhogam than I am!

Midwives should not be restricted from providing basic, life saving care. Medication administration is being put in the hands of individuals themselves instead of medically trained professionals.

CommentID: 127335

Commenter: Kinsey Johnston

8/17/22 8:49 pm

Midwives should be allowed to carry the life-saving medication they are already qualified to use.

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified

Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state officials recommend that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them. Situations that are low risk and manageable within the home or community are, as a result, made into ordeals that at best inconvenience and at worst endanger the wellbeing of mothers and babies. Unnecessary exposure of infants to public spaces, and further overburdening of our healthcare systems, means that this inconsistency negatively affects the entire community. However, if the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility. Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it.

CommentID: 127336

Commenter: Anonymous

8/17/22 9:34 pm

It's a yes for me!

Please allow midwives to carry life-saving medication as they assist in home births.

CommentID: 127337

Commenter: Kaitlyn

8/17/22 9:49 pm

Midwives scope of practice

I am a licensed practical nurse and mother and I agree with the statement below. A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them. Situations that are low risk and manageable within the home or community are, as a result, made into ordeals that at best inconvenience and at worst endanger the wellbeing of mothers and babies. Unnecessary exposure of infants to the public, and further overburdening of our healthcare systems, means that this inconsistency negatively affects the entire community. However, if the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility. Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it.

CommentID: 127338

Commenter: Amanda Hall

8/17/22 9:54 pm

Support our midwives

Support our midwives who put their hearts into their work

CommentID: 127339

Commenter: Gayle

8/17/22 9:55 pm

Yes

I am a Virginian parent, and I agree with the statement below.

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

Situations that are low risk and manageable within the home or community are, as a result, made into ordeals that at best inconvenience and at worst endanger the wellbeing of mothers and babies. Unnecessary exposure of infants to the public, and further overburdening of our healthcare systems, means that this inconsistency negatively affects the entire community. However, if the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility.

Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it.

CommentID: 127340

Commenter: Chris

8/17/22 10:01 pm

Support our midwives

Midwives are Healthcare practitioners that need to be allowed to do their jobs. Please fix your laws so that they can serve our communities properly.

CommentID: 127341

Commenter: Leslie

8/17/22 10:08 pm

Virgina Midwives and scope of practice

I am a doula, childbirth educator,, parent, and Virginian and I agree with the statement below.

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be

8/21/22, 11:02 AM

administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

Situations that are low risk and manageable within the home or community are, as a result, made into ordeals that at best inconvenience and at worst endanger the wellbeing of mothers and babies. Unnecessary exposure of infants to the public, and further overburdening of our healthcare systems, means that this inconsistency negatively affects the entire community. However, if the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility.

Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it.

CommentID: 127342

Commenter: Terri Hewitt, LM, CPM

8/17/22 10:11 pm

It is time...

As a community midwife and Certified Professional Midwife with a VA Midwifery license I agree and testify to the importance to access, carry and administer these medications. It is evident how integral this ability is for the safety and comfort of all families choosing out of hospital birth. This will also free up resources better used for the overburdened medical care system. When an office visit or emergency room is used for care that could easily have been provided and resolved with the access and administering of a medication it wastes important time and resources for the population at large. This has been never so evident as it was through the pandemic. I agree with the statement below.

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often needed or requested during antepartum period, at the time of birth, or postpartum. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

Situations that are low risk and manageable within the home or community are, as a result, made into ordeals that at best inconvenience and at worst endanger the wellbeing of mothers and babies. Unnecessary exposure of infants to the public, and further overburdening of our healthcare systems, means that this inconsistency negatively affects the entire community. However, if the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility.

Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our CPMs/LMs are already trained and certified to administer these medications; only the law prevents their acting on it. Please remove the barrier to a "community standard of care" that we want to be held by. Allow midwives to administer, posses all the tools(medications) they need to offer safe, quality care for women and families in our state of Virginia.

It is more than time to best serve birthing people and their babies.

CommentID: 127343

Commenter: Desiree Cripps CPM, RN

8/17/22 10:25 pm

Remove barriers to safe maternal care

About 1% of Pregnant mothers choose to give birth out of the hospital, a subculture that deserves equity in their maternity care. Remove the barriers from VA licensed midwives so they may provide routine and emergency medications when indicated, without hardship to the families they serve.

CommentID: 127344

Commenter: Chelea Shira, CPM, LM

8/17/22 10:27 pm

Families Deserve Access to Safe Options Out Of Hospital!

I am a Midwife and Mother who has had two homebirths of my own. I have experienced first hand through my own births, as well as those I have attended as a midwife, the effects of not having access to medications that would make out of hospital birth a safer environment for mother and baby. I have seen women hemorrhage, retain their placentas, have episiotomies done and repaired in their homes with no pain management medications. I have seen mothers who are actively bleeding praying for their life have to wait for emergency services to arrive just to have IV fluids given to them before being transferred and receiving medications. I have experienced on my own bleeding on my bathroom floor after losing a baby, and not having access to appropriate care before being transferred to a hospital. It is time for families in Virginia to have access to care from ALL providers who are trained to do so!!

I am a Virginia Midwife, and Mother and I agree with the statement below!

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

Situations that are low risk and manageable within the home or community are, as a result, made into ordeals that at best inconvenience and at worst endanger the wellbeing of mothers and babies. Unnecessary exposure of infants to the public, and further overburdening of our healthcare systems, means that this inconsistency negatively affects the entire community. However, if the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility.

Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it.

CommentID: 127345

Commenter: Aili Huber

8/17/22 10:29 pm

People will be safer if midwives can carry meds

I had two safe and uncomplicated home births, in 2010 and 2012, under the care of a CPM. When I became pregnant for the third time, in 2018, I knew there was nobody else that I would trust to care for me and my family during that pregnancy and birth. The birth went well, overall, but shortly afterward, the CPM expressed concern about the amount of blood I was using. I said that I felt fine, but when I stood up, I fainted. The CPM massaged my uterus to try to get it to contract, in order to stop the bleeding. When that wasn't working fast enough, she gave me a shot of pitocin. At that time, she employed a CNM so that she could have access to basic medications necessary for safely managing birth. However, it was the CPM, and not the CNM, who observed that I was in bad shape and needed this intervention. My sister-in-law was present at this birth. She is a physician who trained at the Mayo Clinic. She told me later that she was extremely impressed with the CPM's handling of the situation, and that she didn't think any doctor could have done better. She believes that the CPM's careful observation, fast action, and excellent training saved my life.

I find it frustrating and upsetting that CPMs are not permitted to obtain or administer life-saving medications without the oversight of a doctor or CNM. They are trained and nationally certified to use them. Why can't people giving birth in Virginia have access to the safest options, regardless of whether their care provider is a CPM, a CNM, or an OB/GYN?

CommentID: 127346

Commenter: Christa Hall

8/17/22 10:41 pm

Midwifery scope of practice

I am a home maker, mother and Virginian and I agree with the statement below.

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

Situations that are low risk and manageable within the home or community are, as a result, made into ordeals that at best inconvenience and at worst endanger the wellbeing of mothers and babies. Unnecessary exposure of infants to the public, and further overburdening of our healthcare systems, means that this inconsistency negatively affects the entire community. However, if the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility.

Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it.

CommentID: 127348

Commenter: Mitchiko Taylor massage therapist

8/17/22 10:48 pm

Midwife's practice

I am a massage therapist, parent, Virginian and I agree with the statement below.

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified

Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

Situations that are low risk and manageable within the home or community are, as a result, made into ordeals that at best inconvenience and at worst endanger the wellbeing of mothers and babies. Unnecessary exposure of infants to the public, and further overburdening of our healthcare systems, means that this inconsistency negatively affects the entire community. However, if the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility.

Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it.

CommentID: 127349

Commenter: Anonymous

8/17/22 10:49 pm

Support VA Midwives

I am a Virginia parent and I agree with the statement below.

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

Situations that are low risk and manageable within the home or community are, as a result, made into ordeals that at best inconvenience and at worst endanger the wellbeing of mothers and babies. Unnecessary exposure of infants to the public, and further overburdening of our healthcare systems, means that this inconsistency negatively affects the entire community. However, if the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility.

Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it

CommentID: 127350

Commenter: Jackie Hess, Yorktown Soula

8/17/22 11:02 pm

Midwives need access to the same drugs as midwives have in the hospital.

Please give our VA midwives the resources and access they need to provide the best care possible for their patients. There are several reasons why they need these drugs as options.

Namely, they are the patients first and usually only medical professional at the time, starts the the drugs before other care is needed or would arrive and give Virginia mothers the full benefits at

home. VA moms want their birth out of hospital because trust has been lost. Allowing access to these important medications will help restore trust between both communities. Our midwives are that critical link.

CommentID: 127351

Commenter: Kim Graves

8/17/22 11:02 pm

Midwifery safety laws

I am a former childbirth educator and mother who's had two homebirths and I agree with the statement below.

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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CommentID: 127352

Commenter: Anonymous

8/17/22 11:04 pm

Allow licensed midwives full scope.

The lack of access to medications causes harm to families. A homebirth plan can be a transfer to a hospital for something as simple as IV fluids . Also it risks the life in cases of hemorrhage that can be stopped but instead waiting on ems response. Lack of medications clearly will not stop families from choosing homebirth. The midwives in this state have an excellent record of care since licensure in 2005. It is beyond time to allow full scope to ensure the safety of mothers in Virginia.

CommentID: 127353

Commenter: Michael Landry

8/17/22 11:05 pm

Allow Virginia mothers to receive the care certified professional midwives are trained to provide.

I am a Virginian and I agree with the statement below.

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it.

CommentID: 127354

Commenter: Nancy Ang

8/17/22 11:13 pm

Keep midwives accessible

I am a parent and I agree with the statement below. As a birthing mother in Virginia, finding adequate care with providers that do not brush off symptoms cause you're just another chart is hard enough. Take away our midwives and we lose all personal care that would make sure every symptom is heard and looked at.

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

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Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it.

CommentID: 127355

Commenter: Sara reimold

8/17/22 11:16 pm

Help midwives save lives

Midwives should be able to use life-saving medication in emergency situations. Does the state care about the health of mothers and babies? Tying the hands of licensed care providers is criminal.

CommentID: 127356

Commenter: Kerrie

8/17/22 11:18 pm

Midwives rule

I am a Virginian and I agree with the statement below.

A flaw in our regulations prevents Virginia midwives from serving the public health and safety of Virginians to the best of their training, skills, and abilities. Training at a national level for Certified Professional Midwives includes the carrying and administering of certain medications, which are often required or requested at the time of birth. Furthermore, state laws require that a newborn be administered certain drugs within 24 hours of birth. Every Licensed Midwife is certified at the national level to carry and administer these medications, but the current midwifery laws prevent them from carrying or administering them.

Situations that are low risk and manageable within the home or community are, as a result, made into ordeals that at best inconvenience and at worst endanger the wellbeing of mothers and babies. Unnecessary exposure of infants to the public, and further overburdening of our healthcare systems, means that this inconsistency negatively affects the entire community. However, if the barrier to the resources for which they are trained is removed, midwives could relieve the maternity care desert status affecting nearly half of Virginians, who live outside a reasonable driving distance from a well stocked medical facility.

Prioritizing public safety means allowing trained health professionals to use all of their resources and skills. The demand for midwifery care will increase as uncertainty rises. Strong, self reliant communities are built on skilled individuals like our midwives. To reiterate, our LMs are already trained and certified to administer these medications; only the law prevents their acting on it

CommentID: 127357

Commenter: Tiffany Delk

8/17/22 11:20 pm

Midwifery Care Mitigates Poor Outcomes

I am a Student Midwife studying to become a Certified Professional Midwife. I agree with the statement below because, in addition to being a student midwife, I am also a Black Women who sought midwifery care due to the morbidity and mortality epidemic we are seeing surrounding the perinatal care of Black women. I believe that midwifery care mitigates these poor outcomes, and what we are asking for provides an additional resource to combat the epidemic we are facing in the U.S., (not just for Black women, but for ALL women) with poor maternal and fetal outcomes.

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CommentID: 127358

Commenter: Hadassah Bellot

8/17/22 11:24 pm

All families deserve Midwifery Care

Research shows that midwifery care is a safe option for families giving birth in out of hospital settings. Giving midwives in Virginia the same allowances to utilize life saving medication is the right thing to do. Most of the US recognizes that CPMs should have access to keep families safe at home . Virginia should prioritize families and their safety but listening to midwives about what can help them keep transfer rates low.

CommentID: 127359

Commenter: Markesha

8/17/22 11:32 pm

Let's move in the direction of progress

I am a therapist and a mother who had the privilege to use midwives for my children and I agree with the statement below.

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CommentID: 127360

Commenter: Anonymous

8/17/22 11:40 pm

Allow access to life saving medications!

I am a Virginia Parent and I agree with the statement below. I urge Virginia to allow midwives access to medications!

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CommentID: 127361

Commenter: Virginia Ferguson

8/17/22 11:42 pm

Let the midwives use their training!

I have had 3 homebirths and have attended many other births. I have seen midwives having to transfer to hospitals for very simple things, such as stitches needed, when they are trained to do it, but not legally allowed to. I have seen women refuse to go to hospitals to get stiches and risk infections and suffer in pain because they are afraid of hospitals, or taking the baby into a place so full of illnesses. In other countries such as England, midwives are allowed to use all their training to help women, including medications and other procedures deemed necessary by the Midwife even in a home setting. Midwives should be free to use all their skills that support women's safety and health.

CommentID: 127362

Commenter: David

8/17/22 11:42 pm

Support for Midwives

I am a child of a midwife and was born at home and I agree with the statement below.

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CommentID: 127363

Commenter: Chelsea Bayer

8/17/22 11:48 pm

Midwives

I am a home birth mother of four and I agree with the statement below:

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CommentID: 127364

Commenter: Anonymous

8/17/22 11:51 pm

Licensed midwife law

I am a Virginia resident and I agree with the statement below. (Add personal statement if desired).

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CommentID: 127365

Commenter: Kathleen Winters

8/17/22 11:56 pm

Midwife License Law

I am a parent, doula, and Certified Lactation Counselor and I agree with the statement below.

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CommentID: 127366

Commonwealth of Virginia



REGULATIONS

GOVERNING THE PRACTICE OF LICENSED MIDWIVES

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 85-130-10 et seq.

**Statutory Authority: § 54.1-2400 and Chapter 29
of Title 54.1 of the *Code of Virginia***

Effective Date: March 5, 2020

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TABLE OF CONTENTS

Part I. General Provisions..... 3
18VAC85-130-10. Definitions..... 3
18VAC85-130-20. Public participation. 3
18VAC85-130-30. Fees. 3
18VAC85-130-31. Current name and address. 4
Part II..... 4
Requirements for Licensure and Renewal of Licensure. 4
18VAC85-130-40. Criteria for initial licensure. 4
18VAC85-130-45. Practical experience under supervision. 4
18VAC85-130-50. Biennial renewal of licensure. 4
18VAC85-130-60. Inactive licensure. 5
18VAC85-130-70. Reinstatement. 5
Part III. 5
Practice Standards. 5
18VAC85-130-80. General disclosure requirements. 5
18VAC85-130-81. Disclosures on health risks. 6
18VAC85-130-90. Confidentiality. 8
18VAC85-130-100. Client records. 8
18VAC85-130-110. Practitioner-client communication; termination of relationship. 9
18VAC85-130-120. Practitioner responsibility. 9
18VAC85-130-130. Advertising ethics. 9
18VAC85-130-140. Vitamins, minerals and food supplements. 10
18VAC85-130-150. Solicitation or remuneration in exchange for referral. 10
18VAC85-130-160. Sexual contact. 11
18VAC85-130-170. Refusal to provide information. 11

Part I. General Provisions.

18VAC85-130-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-2957.7 of the Code of Virginia.

"Midwife"

"Practicing midwifery"

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Board" means the Virginia Board of Medicine.

"Client" means a person receiving midwifery care and shall be considered synonymous with the word "patient."

"Controlled substance" means a drug, substance or immediate precursor in Schedules I through VI as set out in the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia).

"CPM" means the Certified Professional Midwife credential issued by the North American Registry of Midwives.

"NARM" means the North American Registry of Midwives.

~~**18VAC85-130-20. Public participation.**~~

~~A separate board regulation, 18VAC85-11, entitled Public Participation Guidelines, provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine.~~

18VAC85-130-30. Fees.

Unless otherwise provided, the following fees shall not be refundable:

1. The application fee for a license to practice as a midwife shall be \$277.
2. The fee for biennial active license renewal shall be \$312; the additional fee for late renewal of an active license within one renewal cycle shall be \$105.
3. The fee for biennial inactive license renewal shall be \$168; the additional fee for late renewal of an inactive license within one renewal cycle shall be \$55.
4. The fee for reinstatement of a license that has expired for a period of two years or more shall be \$367 in addition to the late fee. The fee shall be submitted with an application for licensure reinstatement.
5. The fee for a letter of good standing/verification of a license to another jurisdiction shall be \$10.
6. The fee for an application for reinstatement if a license has been revoked or if an application for reinstatement has been previously denied shall be \$2,000.
7. The fee for a duplicate wall certificate shall be \$15.

8. The fee for a duplicate renewal license shall be \$5.

9. The handling fee for a returned check or a dishonored credit card or debit card shall be \$50.

~~10. For 2021, the fee for renewal of an active license shall be \$250, and the fee for renewal of an inactive license shall be \$125.~~

18VAC85-130-31. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter to be given by the board to any such licensee shall be validly given when sent to the latest address of record provided or served to the licensee. Any change of name or address of record or the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

**Part II.
Requirements for Licensure and Renewal of Licensure.**

18VAC85-130-40. Criteria for initial licensure.

A. An applicant for board licensure shall submit:

1. The required application on a form provided by the board and the application fee as prescribed in 18 VAC 85-130-30;
2. Evidence satisfactory to the board of current certification as a CPM; and
3. A report from NARM indicating whether there has ever been any adverse action taken against the applicant.

B. If an applicant has been licensed or certified in another jurisdiction, the applicant shall provide information on the status of each license or certificate held and on any disciplinary action taken or pending in that jurisdiction.

18VAC85-130-45. Practical experience under supervision.

A person may perform tasks related to the practice of midwifery under the direct and immediate supervision of a licensed doctor of medicine or osteopathic medicine, a certified nurse midwife, or a licensed midwife while enrolled in an accredited midwifery education program or during completion of the North American Registry of Midwives' Portfolio Evaluation Process Program without obtaining a license issued by the board until such person has taken and received the results of any examination required for CPM certification or for a period of 10 years, whichever occurs sooner.

18VAC85-130-50. Biennial renewal of licensure.

A. A licensed midwife shall renew licensure biennially during the midwife's birth month in each odd-numbered year by:

1. Paying to the board the renewal fee as prescribed in 18 VAC 85-130-30; and
2. Attesting to having current, active CPM certification by NARM.

B. A licensed midwife whose license has not been renewed by the first day of the month following the month in which renewal is required shall not be considered licensed in Virginia.

C. An additional fee to cover administrative costs for processing a late application renewal shall be imposed by the board as prescribed by 18 VAC 85-130-30.

18VAC85-130-60. Inactive licensure.

A. A licensed midwife who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required fee, be issued an inactive license.

1. The holder of an inactive license shall not be required to maintain current, active certification by NARM.
2. An inactive licensee shall not be entitled to perform any act requiring a license to practice midwifery in Virginia.

B. An inactive licensee may reactivate licensure by:

1. Payment of the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure for the biennium in which the license is being reactivated; and
 2. Submission of documentation of having current, active certification by NARM.
- C. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of § 54.1-2915 of the Code of Virginia or any provision of this chapter.

18VAC85-130-70. Reinstatement.

A. A licensed midwife who allows licensure to lapse for a period of two years or more and chooses to resume practice shall submit to the board a reinstatement application, information on practice and licensure in other jurisdictions for the period in which the license was lapsed in Virginia, proof of current, active certification by NARM, and the fee for reinstatement of licensure as prescribed in 18 VAC 85-130-30.

B. A licensed midwife whose license has been revoked by the board and who wishes to be reinstated must make a new application to the board, hold current, active certification by NARM, and pay the fee for reinstatement of a revoked license as prescribed in 18 VAC 85-130-30.

**Part III.
Practice Standards.**

18VAC85-130-80. General disclosure requirements.

A licensed midwife shall provide written disclosures to any client seeking midwifery care. The licensed midwife shall review each disclosure item and obtain the client's signature as evidence that the disclosures have been received and explained. Such disclosures shall include:

1. A description of the licensed midwife's qualifications, experience, and training;
2. A written protocol for medical emergencies, including hospital transport, particular to each client;
3. A statement as to whether the licensed midwife has hospital privileges;

4. A statement that a licensed midwife is prohibited from prescribing, possessing or administering controlled substances;
5. A description of the midwife's model of care;
6. A copy of the regulations governing the practice of midwifery;
7. A statement as to whether the licensed midwife carries malpractice or liability insurance coverage and, if so, the extent of that coverage;
8. An explanation of the Virginia Birth-Related Neurological Injury Compensation Fund and a statement that licensed midwives are currently not covered by the fund; and
9. A description of the right to file a complaint with the Board of Medicine and with NARM and the procedures and contact information for filing such complaint.

18VAC85-130-81. Disclosures on health risks.

A. Upon initiation of care, a midwife shall review the client's medical history in order to identify pre-existing conditions or indicators that require disclosure of risk for home birth. The midwife shall offer standard tests and screenings for evaluating risks and shall document client response to such recommendations. The midwife shall also continually assess the pregnant woman and baby in order to recognize conditions that may arise during the course of care that require disclosure of risk for birth outside of a hospital or birthing center.

B. If any of the following conditions or risk factors are presented, the midwife shall request and review the client's medical history, including records of the current or previous pregnancies; disclose to the client the risks associated with a birth outside of a hospital or birthing center; and provide options for consultation and referral. If the client is under the care of a physician for any of the following medical conditions or risk factors, the midwife shall consult with or request documentation from the physician as part of the risk assessment for birth outside of a hospital or birthing center.

1. Antepartum risks:

Conditions requiring ongoing medical supervision or ongoing use of medications;

- Active cancer;
- Cardiac disease;
- Severe renal disease -- active or chronic;
- Severe liver disease -- active or chronic;
- HIV positive status with AIDS;
- Uncontrolled hyperthyroidism;
- Chronic obstructive pulmonary disease;
- Seizure disorder requiring prescriptive medication;
- Psychiatric disorders;
- Current substance abuse known to cause adverse effects;
- Essential chronic hypertension over 140/90;
- Significant glucose intolerance;
- Genital herpes;
- Inappropriate fetal size for gestation;
- Significant 2nd or 3rd trimester bleeding;
- Incomplete spontaneous abortion;
- Abnormal fetal cardiac rate or rhythm;
- Uterine anomaly;

Platelet count less than 120,000;
Previous uterine incision and/or myomectomy with review of surgical records and/or subsequent birth history;
Isoimmunization to blood factors;
Body mass index (BMI) equal to or greater than 30;
History of hemoglobinopathies;
Acute or chronic thrombophlebitis;
Anemia (hematocrit less than 30 or hemoglobin less than 10 at term);
Blood coagulation defect;
Pre-eclampsia/eclampsia;
Uterine ablation;
Placental abruption;
Placenta previa at onset of labor;
Persistent severe abnormal quantity of amniotic fluid;
Suspected chorioamnionitis;
Ectopic pregnancy;
Pregnancy lasting longer than 42 completed weeks with an abnormal nonstress test;
Any pregnancy with abnormal fetal surveillance tests;
Rupture of membranes 24 hours before the onset of labor;
Position presentation other than vertex at term or while in labor; or
Multiple gestation.

2. Intrapartum risks:

Current substance abuse;
Documented intrauterine growth retardation (IUGR)/small for gestational age (SGA) at term;
Suspected uterine rupture;
Active herpes lesion in an unprotectable area;
Prolapsed cord or cord presentation;
Suspected complete or partial placental abruption;
Suspected placental previa;
Suspected chorioamnionitis;
Pre-eclampsia/eclampsia;
Thick meconium stained amniotic fluid without reassuring fetal heart tones and birth is not imminent;
Position presentation other than vertex at term or while in labor;
Abnormal auscultated fetal heart rate pattern unresponsive to treatment or inability to auscultate fetal heart tones;
Excessive vomiting, dehydration, or exhaustion unresponsive to treatment;
Blood pressure greater than 140/90 that persists or rises and birth is not imminent;
Maternal fever equal to or greater than 100.4°F; or
Labor or premature rupture of membrane (PROM) less than 37 weeks according to due date.

3. If a risk factor first develops when birth is imminent, the individual midwife must use judgment taking into account the health and condition of the mother and baby in determining whether to proceed with a home birth or arrange transportation to a hospital.

C. If the risks factors or criteria have been identified that may indicate health risks associated with birth of a child outside of a hospital or birthing center, the midwife shall provide evidence-based

information on such risks. Such information shall be specified by the board in guidance documents and shall include evidence-based research and clinical expertise from both the medical and midwifery models of care.

D. The midwife shall document in the client record the assessment of all health risks that pose a potential for a high risk pregnancy and, if appropriate, the provision of disclosures and evidence-based information.

18VAC85-130-90. Confidentiality.

A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a client. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

18VAC85-130-100. Client records.

A. Practitioners shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of client records.

B. Practitioners shall provide client records to another practitioner or to the client or the client's personal representative in a timely manner in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

C. Practitioners shall properly manage client records and shall maintain timely, accurate, legible and complete client records. Practitioners shall clearly document objective findings, decisions and professional actions based on continuous assessment for ongoing midwifery care.

D. Practitioners shall document a client's decisions regarding choices for care, including informed consent or refusal of care. Practitioners shall clearly document when a client's decisions or choices are in conflict with the professional judgment and legal scope of practice of the licensed midwife.

E. Practitioners shall maintain a client record for a minimum of six years following the last client encounter with the following exceptions:

1. Records of a minor child shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last client encounter regardless of the age of the child;
2. Records that have previously been transferred to another practitioner or health care provider or provided to the client or the client's personal representative do not have to be kept for a minimum of six years following the last client encounter; or
3. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

F. Practitioners shall in some manner inform all clients concerning the time frame for record retention and destruction. Client records shall only be destroyed in a manner that protects client confidentiality, such as by incineration or shredding.

~~G. When a practitioner is closing, selling or relocating a practice, the practitioner shall meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like regulated provider of the client's choice or provided to the client.~~

18VAC85-130-110. Practitioner-client communication; termination of relationship.

A. Communication with clients.

1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately inform a client or the client's legally authorized representative of the client's assessment and prescribed plan of care. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a treatment or procedure directed by the practitioner.

~~2. A practitioner shall present information relating to the client's care to a client or the client's legally authorized representative in understandable terms and encourage participation in the decisions regarding the client's care.~~

3. Before any invasive procedure is performed, informed consent shall be obtained from the client. Practitioners shall inform clients of the risks, benefits, and alternatives of the recommended procedure that a reasonably prudent licensed midwife practicing in Virginia would tell a client. In the instance of a minor or a client who is incapable of making an informed decision on the client's own behalf or is incapable of communicating such a decision due to a physical or mental disorder, the legally authorized person available to give consent shall be informed and the consent documented.

Commented [VP1]: Not sure this paragraph is needed. Midwives can't perform invasive procedures that I'm aware of, unless use of delivery tools is considered invasive? Ask JD

B. Termination of the practitioner/client relationship.

1. The practitioner or the client may terminate the relationship. In either case, the practitioner shall make a copy of the client record available, except in situations where denial of access is allowed by law.

~~2. Except as provided in § 54.1-2962.2 of the Code of Virginia, a practitioner shall not terminate the relationship or make services unavailable without documented notice to the client that allows for a reasonable time to obtain the services of another practitioner.~~

Commented [VP2]: This is related to emergency room doctors, would not apply to midwives and isn't needed

18VAC85-130-120. Practitioner responsibility.

A. A practitioner shall:

- 1. Transfer care immediately in critical situations that are deemed to be unsafe to a client or infant and remain with the client until the transfer is complete;
- 2. Work collaboratively with other health professionals and refer a client or an infant to appropriate health care professionals when either needs care outside the midwife's scope of practice or expertise; and
- 3. Base choices of interventions on empirical and/or research evidence that would indicate the probable benefits outweigh the risks.

B. A practitioner shall not:

- 1. Perform procedures or techniques that are outside the scope of the midwife's practice or for which the midwife is not trained and individually competent;
- 2. Knowingly allow apprentices or subordinates to jeopardize client safety or provide client care outside of the apprentice's or subordinate's scope of practice or area of responsibility. Practitioners shall delegate client care only to those who are properly trained and supervised; and
- 3. Exploit the practitioner/client relationship for personal gain.

18VAC85-130-130. Advertising ethics.

~~A. Any statement specifying a fee, whether standard, discounted or free, for professional services that does not include the cost of all related procedures, services and products that, to a substantial likelihood, will be necessary for the completion of the advertised service as it would be understood by an ordinarily prudent person shall be deemed to be deceptive or misleading, or both. Where reasonable disclosure of all relevant variables and considerations is made, a statement of a range of prices for specifically described services shall not be deemed to be deceptive or misleading.~~

~~B. Advertising a discounted or free service, examination, or treatment and charging for any additional service, examination, or treatment that is performed as a result of and within 72 hours of the initial office visit in response to such advertisement is unprofessional conduct unless such professional services rendered are as a result of a bona fide emergency. This provision may not be waived by agreement of the client and the practitioner.~~

~~C. Advertisements of discounts shall disclose the full fee that has been discounted. The practitioner shall maintain documented evidence to substantiate the discounted fees and shall make such information available to a consumer upon request.~~

~~D. A licensee shall disclose the complete name of the board that conferred the certification when using or authorizing the use of the term "board certified" or any similar words or phrase calculated to convey the same meaning in any advertising for the licensee's practice.~~

~~E. A licensee of the board shall not advertise information which is false, misleading, or deceptive. For an advertisement for a single practitioner, it shall be presumed that the practitioner is responsible and accountable for the validity and truthfulness of its content. For an advertisement for a practice in which there is more than one practitioner, the name of the practitioner or practitioners responsible and accountable for the content of the advertisement shall be documented and maintained by the practice for at least two years. Documentation, scientific and otherwise, supporting claims made in an advertisement shall be maintained and available for the board's review for at least two years.~~

~~18VAC85-130-140. Vitamins, minerals and food supplements.~~

~~A. The recommendation or direction for the use of vitamins, minerals or food supplements and the rationale for that recommendation shall be documented by the practitioner. The recommendation or direction shall be based upon a reasonable expectation that such use will result in a favorable client outcome, including preventive practices, and that a greater benefit will be achieved than that which can be expected without such use.~~

~~B. Vitamins, minerals, or food supplements, or a combination of the three, shall not be sold, dispensed, recommended, prescribed, or suggested in doses that would be contraindicated based on the individual client's overall medical condition and medications.~~

~~C. The practitioner shall conform to the standards of the practitioner's particular branch of the healing arts in the therapeutic application of vitamins, minerals or food supplement therapy.~~

~~18VAC85-130-150. Solicitation or remuneration in exchange for referral.~~

Commented [VP3]: 54 1-2962.1 says all of this already. Further says "Board shall adopt regulations as necessary to carry out provisions of this section." Arguable that this is not necessary if it just repeats what is in statute.

~~A practitioner shall not knowingly and willfully solicit or receive any remuneration, directly or indirectly, in return for referring an individual to a facility as defined in § 37.2-100 of the Code of Virginia, or hospital as defined in § 32.1-123 of the Code of Virginia.~~

~~Remuneration shall be defined as compensation, received in cash or in kind, but shall not include any payments, business arrangements, or payment practices allowed by 42 USC § 1320a-7b(b), as amended, or any regulations promulgated thereto.~~

18VAC85-130-160. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior that:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the client, or both; or
2. May reasonably be interpreted as romantic involvement with a client regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a client.

1. The determination of when a person is a client for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a client until the client-practitioner relationship is terminated.
2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a client does not change the nature of the conduct nor negate the statutory prohibition.

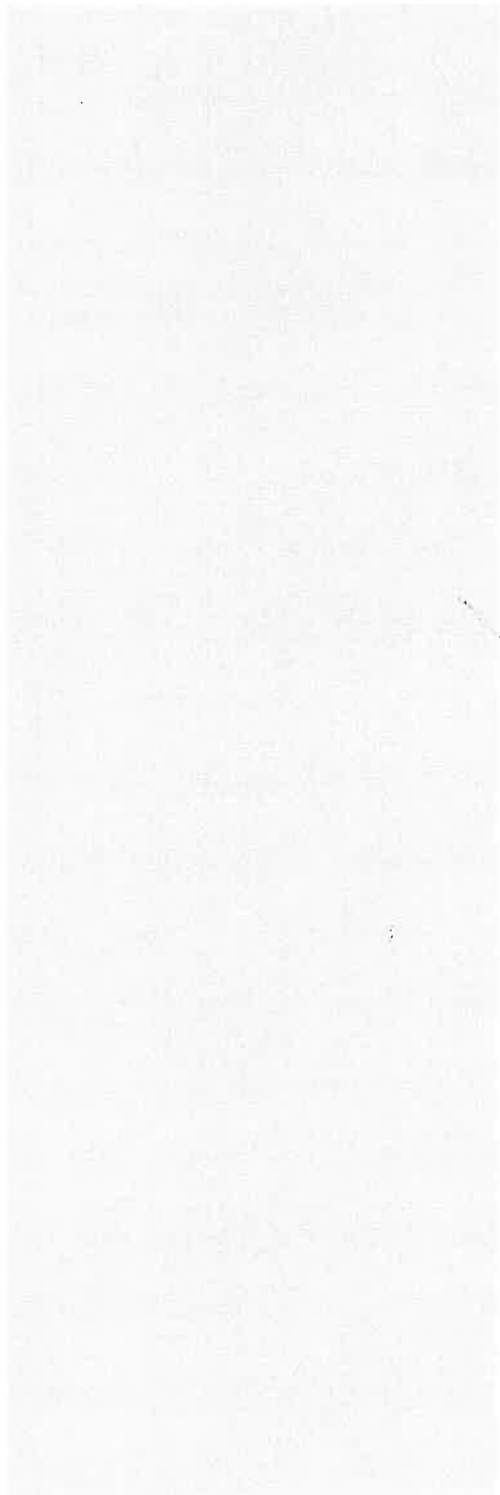
C. Sexual contact between a practitioner and a former client after termination of the practitioner-client relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on client care. For purposes of this section, key third party of a client shall mean: spouse or partner, parent or child, guardian, or legal representative of the client.

E. Sexual contact between a supervisor and a trainee or apprentice shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on client care.

18VAC85-130-170. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.



Chapter 29 of Title 54.1 of the Code of Virginia
Medicine

§ 54.1-2957.7. Licensed midwife and practice of midwifery; definitions.

"Midwife" means any person who provides primary maternity care by affirmative act or conduct prior to, during, and subsequent to childbirth, and who is not licensed as a doctor of medicine or osteopathy or certified nurse midwife.

"Practicing midwifery" means providing primary maternity care that is consistent with a midwife's training, education, and experience to women and their newborns throughout the childbearing cycle, and identifying and referring women or their newborns who require medical care to an appropriate practitioner.

(2005, cc. 719, 917.)

§ 54.1-2957.8. Licensure of midwives; requisite training and educational requirements; fees.

A. It shall be unlawful for any person to practice midwifery in the Commonwealth or use the title of licensed midwife unless he holds a license issued by the Board. The Board may license an applicant as a midwife after such applicant has submitted evidence satisfactory to the Board that he has obtained the Certified Professional Midwife (CPM) credential pursuant to regulations adopted by the Board and in accordance with the provisions of §§ 54.1-2915 and 54.1-2916.

B. Persons seeking licensure as a midwife shall submit such information as required in the form and manner determined by the Board.

C. Persons seeking licensure shall pay the required license fee as determined by the Board.

(2005, cc. 719, 917.)

§ 54.1-2957.9. Regulation of the practice of midwifery.

The Board shall adopt regulations governing the practice of midwifery, upon consultation with the Advisory Board on Midwifery. The regulations shall (i) address the requirements for

licensure to practice midwifery, including the establishment of standards of care, (ii) be consistent with the North American Registry of Midwives' current job description for the profession and the National Association of Certified Professional Midwives' standards of practice, except that prescriptive authority and the possession and administration of controlled substances shall be prohibited, (iii) ensure independent practice, (iv) require midwives to disclose to their patients, when appropriate, options for consultation and referral to a physician and evidence-based information on health risks associated with birth of a child outside of a hospital or birthing center, as defined in § 54.1-2957.03, including risks associated with vaginal births after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies, and births involving multiple gestation, (v) provide for an appropriate license fee, and (vi) include requirements for licensure renewal and continuing education. Such regulations shall not (a) require any agreement, written or otherwise, with another health care professional or (b) require the assessment of a woman who is seeking midwifery services by another health care professional.

License renewal shall be contingent upon maintaining a Certified Professional Midwife certification.

2005, cc. 719, 917; 2009, c. 646; 2016, c. 495.

§ 54.1-2957.10. Advisory Board on Midwifery established; membership; duties; terms; sunset.

A. The Advisory Board on Midwifery is established as an advisory board in the executive branch of state government. The purpose of the Advisory Board is to assist the Board of Medicine in formulating regulations pertaining to the practice of midwifery. The Advisory Board shall also assist in such other matters relating to the practice of midwifery as the Board may require.

B. The Advisory Board shall consist of five nonlegislative citizen members to be appointed by the Governor, subject to confirmation by the General Assembly, including three Certified Professional Midwives, one doctor of medicine or osteopathy or certified nurse midwife who is licensed to practice in the Commonwealth and who has experience in out-of-hospital birth settings, and one citizen who has used out-of-hospital midwifery services. Nonlegislative citizen members of the Advisory Board shall be citizens of the Commonwealth of Virginia.

The initial appointments shall provide for staggered terms with two members being appointed for two-year terms, two members being appointed for three-year terms, and one member being appointed for a four-year term. Thereafter, nonlegislative citizen members shall be appointed for a term of four years. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired terms. All members may be reappointed. However, no nonlegislative citizen member shall serve more than two consecutive four-year terms. The remainder of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining the member's eligibility for reappointment. Vacancies shall be filled in the same manner as the original appointments.

C. The Advisory Board shall elect a chairman and vice-chairman from among its membership. A majority of the members shall constitute a quorum. The meetings of the Advisory Board shall be held at the call of the chairman or whenever the majority of the members so request.

D. Members shall receive such compensation for the discharge of their duties as provided in § 2.2-2813. All members shall be reimbursed for reasonable and necessary expenses incurred in the discharge of their duties as provided in §§ 2.2-2813 and 2.2-2825. Funding for the costs of compensation and expenses of the members shall be provided by the Board of Medicine.

E. The Department of Health Professions shall provide staff support to the Advisory Board. All agencies of the Commonwealth shall provide assistance to the Advisory Board, upon request.

(2005, cc. 719, 917; 2008, c. 36.)

§ 54.1-2957.11. Requirements for disclosure.

Any person practicing as a licensed midwife shall provide disclosure of specific information in writing to any client to whom midwifery care is provided. Such disclosure shall include (i) a description of the midwife's qualifications, experience, and training; (ii) a written protocol for medical emergencies, including hospital transport, particular to each client; (iii) a description of the midwives' model of care; (iv) a copy of the regulations governing the practice of midwifery; (v) a statement concerning the licensed midwife's malpractice or liability insurance coverage; (vi) a description of the right to file a complaint with the Board of Medicine and the procedures for filing such complaint; and (vii) such other information as the Board of Medicine determines is appropriate to allow the client to make an informed choice to select midwifery care.

(2005, cc. 719, 917.)

§ 54.1-2957.12. Immunity.

No person other than the licensed midwife who provided care to the patient shall be liable for the midwife's negligent, grossly negligent or willful and wanton acts or omissions. Except as otherwise provided by law, no other licensed midwife, doctor of medicine or osteopathy, nurse, prehospital emergency medical personnel, or hospital as defined in § 32.1-123, or agents thereof, shall be exempt from liability (i) for their own subsequent and independent negligent, grossly negligent or willful and wanton acts or omissions or (ii) if such person has a business relationship with the licensed midwife who provided care to the patient. A doctor of medicine or osteopathy, nurse, prehospital emergency medical person, or hospital as defined in § 32.1-123, or agents thereof, shall not be deemed to have established a business relationship or relationship of agency, employment, partnership, or joint venture with the licensed midwife solely by providing consultation to or accepting referral from the midwife.

(2005, cc. 719, 917.)

§ 54.1-2957.13. Exceptions.

The provisions of §§ 54.1-2957.7 through 54.1-2957.12 shall not prevent or prohibit:

1. Any licensed midwife from delegating to an apprentice or personnel in his personal employ and supervised by him such activities or functions that are nondiscretionary and that do not require the exercise of professional judgment for their performance, if such activities or functions are authorized by and performed for the licensed midwife and responsibility for such activities or functions is assumed by the licensed midwife; or

2. Any person from performing tasks related to the practice of midwifery under the direct and immediate supervision of a licensed doctor of medicine or osteopathy, a certified nurse midwife, or a licensed midwife during completion of the North American Registry of Midwives' Portfolio Evaluation Process Program within a time period specified in regulations adopted by the Board or while enrolled in an accredited midwifery education program.

(2005, cc. 719, 917.)

Agenda Item: Bylaws for all Advisory Boards

Included in your agenda package are:

- ❖ Copy of Approved Guidance Document 85-3

Action Needed:

- None

**BYLAWS FOR
ADVISORY BOARDS OF THE BOARD OF MEDICINE**

Article I - Members of the Advisory Board

The appointments and limitations of service of the members shall be in accordance with the applicable statutory provision of the advisory board governing such matters.

Article II - Officers

Section 1. Titles of Officers - The officers of the advisory board shall consist of a chairman and vice-chairman elected by the advisory board. The Executive Director of the Board of Medicine shall serve in an advisory capacity.

Section 2. Terms of Office - The chairman and vice-chairman shall serve for a one-year term and may not serve for more than two consecutive terms in each office. The election of officers shall take place at the first meeting after July 1, and officers shall assume their duties immediately thereafter.

Section 3. Duties of Officers.

- (a) The chairman shall preside at all meetings when present, make such suggestions as may deem calculated to promote and facilitate its work, and discharge all other duties pertaining by law or by resolution of the advisory board. The chairman shall preserve order and conduct all proceedings according to and by parliamentary rules and demand conformity thereto on the part of the members. The chairman shall appoint all committees as needed.

The chairman shall act as liaison between the advisory board and the Board of Medicine on matters pertaining to licensing, discipline, legislation and regulation of the profession which the advisory board represents.

When a committee is appointed for any purpose, the chairman shall notify each member of the appointment and furnish any essential documents or information necessary.

- (b) The vice-chairman shall preside at meetings in the absence of the chairman and shall take over the other duties of the chairman as may be made necessary by the absence of the chairman.

Article III - Meetings

Section 1. There shall be at least one meeting each year in order to elect the chairman and vice-chairman and to conduct such business as may be deemed necessary by the advisory board.

Section 2. Quorum - Three members shall constitute a quorum for transacting business.

Section 3. Order of Business - The order of business shall be as follows:

- (a) Calling roll and recording names of members present
- (b) Approval of minutes of preceding regular and special meetings
- (c) Adoption of Agenda
- (d) Public Comment Period
- (e) Report of Officers
- (f) Old Business
- (g) New Business

The order of business may be changed at any meeting by a majority vote.

Article IV - Amendments

Amendments to these bylaws may be proposed by presenting the amendments in writing to all advisory board members prior to any scheduled advisory board meeting. If the proposed amendment receives a majority vote of the members present at that advisory board meeting, it shall be represented as a recommendation for consideration to the Board of Medicine at its next regular meeting.

2023 Board Meeting Dates

Advisory Board on:

Behavioral Analysts			10:00 a.m.
Mon - February 6	June 12	October 2	
Genetic Counseling			1:00 p.m.
Mon - February 6	June 12	October 2	
Occupational Therapy			10:00 a.m.
Tue - February 7	June 13	October 3	
Respiratory Care			1:00 p.m.
Tue - February 7	June 13	October 3	
Acupuncture			10:00 a.m.
Wed - February 8	June 14	October 4	
Radiological Technology			1:00 p.m.
Wed - February 8	June 14	October 4	
Athletic Training			10:00 a.m.
Thurs - February 9	June 15	October 5	
Physician Assistants			1:00 p.m.
Thurs - February 9	June 15	October 5	
Midwifery			10:00 a.m.
Fri - February 10	June 16	October 6	
Polysomnographic Technology			1:00 p.m.
Fri - February 10	June 16	October 7	
Surgical Assisting			10:00 a.m.
Mon - February 13	June 19	October 10	