



# Nurse-Midwifery Advisory Committee Meeting

## **SUPPLEMENTAL MEETING MATERIALS FOR AGENDA ITEM 12.0**

September 23, 2025



## Frequently Asked Questions (FAQs) Related to Midwifery Practice

In recent years new laws have broadened and more clearly defined the nurse-midwife (NMW) scope of practice and made other changes to the Nursing Practice Act. Changes to allow additional independence for NMWs in California commenced on January 1, 2021 (SB 1237 (2019-2020)) with additional key changes beginning January 1, 2023 (SB 667 (2023-2024)). Below are FAQs related to the implementation of these bills and current NMW certification by the BRN.

### ***What is the NMW's Independent Scope of Practice in California?***

NMWs may provide care, in the hospital or any out-of-hospital setting, for low-risk pregnancy and childbirth, prenatal, intrapartum and postpartum care, interconception care, family planning care, and immediate care for the newborn, consistent with the [Core Competencies for Basic Midwifery Practice](#) adopted by the American College of Nurse-Midwives (ACNM) or its successor organization. ([Bus. & Prof. Code, § 2746.5, subd. \(a\).](#))

Low-risk pregnancy is defined as:

- (1) There is a single fetus.
- (2) There is cephalic presentation at the onset of labor.
- (3) The gestational age of the fetus is greater than or equal to 37 weeks and zero (0) days and less than or equal to 42 weeks and zero (0) days at the time of delivery.
- (4) Labor is spontaneous or induced.
- (5) The patient has no preexisting disease or condition, whether arising out of the pregnancy or otherwise, that adversely affects the pregnancy and that the NMW is not qualified to independently address consistent with Business and Professions Code (BPC) section 2746.5, [Core Competencies for Basic Midwifery Practice](#) adopted by American College of Nurse-Midwives, (ACNM) or its successor organization.

### ***Can NMWs care for patients who fall outside of the defined low-risk scope?***

Yes. NMWs may provide care for patients who fall outside of the independent scope of services delineated in subdivision (a) of Business and Professions Code (BPC) section [2746.5](#), and may provide intrapartum care to a patient with a previous cesarean section or a surgery that interrupted the myometrium, with signed mutually agreed-upon policies and protocols with a physician that delineate the parameters for consultation, collaboration, referral, and transfer of care. ([Bus. & Prof. Code, § 2746.5, subd. \(b\).](#))

### ***Must NMWs be supervised by a physician in order to provide care for patients who fall outside of the defined low-risk scope?***

No. In providing care under mutually agreed-upon policies and protocols to patients who fall outside of the independent scope of services delineated in subdivision (a), subdivision (b) of BPC section [2746.5](#) does not require direct or indirect physician supervision of the NMW. It does require the care to be provided pursuant to signed policies and protocols that are mutually agreed upon by a physician and surgeon, that delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care,

Additionally, section 2746.5(b) does not necessarily require that the NMW consult, collaborate, refer, or transfer care to the specific physician who signs the mutually agreed-upon policies and protocols, nor does it require that the physician be employed in the same practice or work at the same site. ([Bus. & Prof. Code, § 2746.5, subd. \(b\).](#))



***Is a NMW required to always have mutually agreed-upon, signed policies and protocols with a physician in order to practice?***

No. If the NMW is providing care and services within the independent scope of services described in subdivision (a) of BPC section [2746.5](#), the NMW is not required to have any mutually agreed-upon, signed policies and protocols with a physician in order to practice. ([Bus. & Prof. Code, § 2746.5, subd. \(k\).](#))

Subdivision (a) references attending cases of low-risk pregnancy and childbirth and to providing prenatal care, intrapartum care, and postpartum care, including immediate care for the newborn, interconception care, family planning care, and care for common gynecologic conditions, consistent with the [Core Competencies for Basic Midwifery Practice adopted](#) by ACNM.

***What if a NMW does not have these “mutually agreed-upon policies and protocols” signed by a physician?***

If a NMW does not have mutually agreed-upon policies and protocols with a physician, the NMW may not provide care to a patient that fall outside of the scope of subdivision (a) of section 2746.5. For patients that fall outside of the scope of section 2746.5(a), absent mutually agreed upon-policies and protocols with a physician, the NMW must transfer any such patient to the care of a physician and surgeon (including to provide intrapartum care to a patient who has had a prior cesarean section or prior surgery that interrupted the myometrium). ([Bus. & Prof. Code, § 2746.5, subd. \(c\).](#)) Note, for patients that have had a previous cesarean section or surgery that interrupted the myometrium, this subdivision does not prohibit the NMW from providing prenatal care; the statute only requires the NMW to transfer such patients' care to a physician during the intrapartum period.

***What if the NMW is attending the labor of a patient who intends to give birth in an out-of-hospital setting, and who started labor at a gestational age less than 42 weeks, but who is now at exactly 42 weeks gestation and otherwise “low-risk”?***

For patients who are no longer considered low-risk because the gestational age of the fetus is more than 42 weeks and zero (0) days, a NMW without policies and protocols mutually agreed-upon with a physician must initiate transfer to physician care for such patients. However, if such a patient meets all of the other criteria for “low-risk” as defined in subdivision (a) of BPC section [2746.5](#) with the exception of the gestational age of the fetus, and if it is determined that there is insufficient time to safely transfer the patient to a hospital prior to delivery, or if transfer poses a threat to the health and safety of the patient or unborn child, the NMW must initiate transfer to a physician, but may continue to provide care, consistent with their transfer plan. ([Bus. & Prof. Code, § 2746.5, subd. \(c\)\(2\).](#)) The transfer plan must be in accordance with the requirements of BPC section [2746.54](#), subdivision (a), and must be disclosed to a prospective patient in oral and written form, with informed consent obtained.

***If a patient is transferred to physician care, can they ever return to the care of the NMW?***

Yes. Any patient who has been transferred to physician care may return to the care of the NMW after the physician has determined that the condition or circumstance that required transfer, or would require transfer, is resolved. ([Bus. & Prof. Code, § 2746.5, subd. \(c\)\(3\).](#))



***Can a NMW in California assist childbirth by vacuum or forceps extraction, or perform an external cephalic version?***

No. ([Bus. & Prof. Code, § 2746.5, subd. \(f\).](#))

***Does the law require anything specific in terms of documentation of patient care?***

Yes. The law requires NMWs to document all consultations, referrals, and transfers in the patient record. ([Bus. & Prof. Code, § 2746.5, subd. \(g\).](#))

***What is required of the NMW in emergency situations?***

A NMW must refer all emergencies to a physician and surgeon immediately, and may provide emergency care until the assistance of a physician is obtained. ([Bus. & Prof. Code, § 2746.5, subd. \(h\).](#))

***Are NMWs required to have physician supervision for furnishing medications?***

No. SB 1237 removed the 4:1 physician supervision ratio for furnishing of medication. NMWs may furnish or order drugs or devices incidental to their scope of practice. ([Bus. & Prof. Code, § 2746.51.](#)) However, there is a requirement to have policies and protocols mutually agreed-upon with a physician, under certain circumstances, including the furnishing or ordering of a Schedule II or III controlled substance.

***When is a NMW required to have standardized procedures, patient specific protocols, and/or policies and protocols mutually agreed upon with a physician, for furnishing drugs or devices?***

Standardized procedures and patient-specific protocols are no longer required for CNMs to furnish drugs or devices when done incidentally to their scope of services. However, a CNM must have policies and protocols mutually agreed upon with a physician when: furnishing or ordering drugs or devices for services that do not fall within the “low-risk” scope of services defined at BPC section 2746.5, subdivision (a); and when furnishing or ordering Schedule II or III controlled substances, even if done incidentally to the CNM’s provision of “low-risk” services under BPC section 2746.5, subdivision (a).

Policies and protocols for a NMW to furnish or order drugs or devices for any services that do not fall within the “low risk” scope of services at BPC section 2746.5(a) must specify: which NMW may furnish or order drugs or devices; which drugs or devices may be furnished or ordered and under what circumstances; and the method of periodic review of the NMW’s competence, including peer review, and review of the provisions of the standardized procedure.

Policies and protocols for a NMW to furnish or order Schedule II controlled substances must address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished. ([Bus. & Prof. Code, § 2746.51, subd. \(a\).](#))



***Are there specific prerequisites/requirements for NMWs who furnish drugs or devices?***

Yes.

- (1) The NMW must have a furnishing number issued by the BRN. This number must be included on all transmittals of orders for drugs or devices by the NMW.
- (2) The NMW must complete a course in pharmacology covering the drugs or devices to be furnished, and the course must include the risks of addiction and neonatal abstinence syndrome associated with the use of opioids.
- (3) For furnishing controlled substances, the NMW must register with the United States Drug Enforcement Administration (DEA) and the Controlled Substance Utilization Review and Enforcement System (CURES) pursuant to section [11165.1](#) of the Health and Safety Code.
- (4) The NMW must provide documentation of board approved continuing education specific to the use of Schedule II controlled substances in settings other than a hospital.

([Bus. & Prof. Code, § 2746.51, subd. \(b\).](#))

***Can I directly procure drugs and devices that are critical to my practice setting, administer or order laboratory tests, or request patient reports?***

Yes. Subdivision (f) of BPC section [2746.51](#) supersedes any potential conflicting provisions of law and allows NMWs to directly procure supplies and devices, obtain and administer diagnostic tests, and directly obtain and administer nonscheduled drugs consistent with the provision of services that fall within the scope of services specified in subdivision (a) of BPC section [2746.5](#), order laboratory and diagnostic testing, and receive reports that are necessary to their practice as a NMW consistent with BPC section [2746.5](#). ([Bus. & Prof. Code, § 2746.51, subd. \(f\).](#))

[BPC section 1209](#) was amended under [SB-667 Healing arts: pregnancy and childbirth \(2023-2024\)](#) to include a nurse-midwife serving as a director of a laboratory that performs only testing and examinations classified as waived or a provider-performed microscopy authorized within the scope of the nurse-midwife's certificate to practice. Under [BPC section 1209\(c\)](#), the laboratory director, if qualified under the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) (CLIA), may perform the duties of the technical consultant, technical supervisor, clinical consultant, general supervisor, and testing personnel, or delegate these responsibilities to persons qualified under CLIA.

***Do NMWs still need a standardized procedure to repair lacerations or to perform an episiotomy?***

No. NMWs may repair first- and second-degree lacerations of the perineum, and perform episiotomies in any birth setting, including the home, without standardized procedures. NMWs must ensure that all complications are referred to a physician and surgeon immediately. Additionally, the NMW must ensure the immediate care of patients who are in need of care beyond the NMW's scope of practice and ensure timely emergency care can be obtained in situations when a physician is not on the premises. ([Bus. & Prof. Code, § 2746.52.](#))

***Can a NMW provide care outside of pregnancy and the postpartum period?***

Yes. The NMW scope of practice in California has long included family planning and interconception care. ([Cal. Code Regs., tit. 16, § 1463.](#)) More recently, statutory language was amended to clarify that NMWs may manage common gynecological conditions consistent with the ACNM's Core Competencies. ([Bus. & Prof. Code, § 2746.5, subd. \(a\).](#))



**Can NMWs hold hospital privileges allowing them to admit and discharge patients upon their own authority, without physician supervision?**

Yes. Hospitals may, within their discretion, grant admission and discharge privileges to nurse-midwives, consistent with NMW scope of practice and hospital bylaws. ([Bus. & Prof. Code, § 2746.5, subd. \(l\).](#))

**Can a NMW certify disability claims?**

Yes. NMWs may certify medical disability for pregnancy, childbirth, or postpartum conditions consistent with the scope of their services. ([Unemp. Ins. Code, § 2708, subd. \(e\)\(2\).](#))

**Can a NMW provide abortion services?**

Yes. A NMW may provide first trimester abortion services via medication or aspiration techniques without physician supervision and without standardized procedures. This authority to perform abortions by medication or aspiration techniques does not extend beyond the first trimester of pregnancy. (Bus. & Prof. Code, §§ [2253](#), [2725.4](#), & [2746.6](#).)

In order to perform an abortion by aspiration techniques, a NMW must achieve clinical competency by successfully completing requisite training, including both a clinical and a didactic component, via one of the methods listed in BPC section 2725.4, subdivision (b)(1)-(5).

Due to the requirement for additional clinical competency and training this practice would fall under BPC 2746.5 (b). Although this doesn't require the use of standardized procedures, it does require the use of policies and protocols that are mutually agreed upon with a physician and surgeon, that delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care, and that are signed by both the certified nurse-midwife and physician and surgeon.

All abortion services by a NMW are subject to the Reproductive Privacy Act. ([Health & Saf. Code, § 123460 et seq.](#)).