

# *Home Birth Midwifery Service*™

**NARM Certified Professional Midwife  
Commonwealth of Virginia Licensed Midwife**

## **SCOPE & STANDARDS OF PRACTICE**

Adopted by the *Home Birth Midwifery Service* ~ January 2004 from the  
NACPM ~ National Association of Certified Professional Midwives



***“We Bring the Birth Center to YOU !!”***™

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### CONTENTS

- I. Introduction
- II. Philosophy
- III. The NACPM Scope of Practice
- IV. Standards for NACPM Practice
- V. Endorsement Section

**Gender references:** To date, most NACPM members are women. For simplicity, this document uses female pronouns to refer to the NACPM member, with the understanding that men may also be NACPM members.

### I. Introduction

The Essential Documents of the NACPM consist of the NACPM Philosophy, the NACPM Scope of Practice, and the Standards for NACPM Practice. They are written for Certified Professional Midwives (CPMs) who are members of the National Association of Certified Professional Midwives.

- They outline the understandings that NACPM members hold about midwifery.
- They identify the nature of responsible midwifery practice.

### II. Philosophy and Principles of Practice

NACPM members respect the mystery, sanctity and potential for growth inherent in the experience of pregnancy and birth.

NACPM members understand birth to be a pivotal life event for mother, baby, and family. It is the goal of midwifery care to support and empower the mother and to protect the natural process of birth.

NACPM members respect the biological integrity of the processes of pregnancy and birth as aspects of a woman's sexuality.

NACPM members recognize the inseparable and interdependent nature of the mother-baby pair.

NACPM members believe that responsible and ethical midwifery care respects the life of the baby by nurturing and respecting the mother, and, when necessary, counseling and educating her in ways to improve fetal/infant well-being.

NACPM members work as autonomous practitioners, recognizing that this autonomy makes possible a true partnership with the women they serve, and enables them to bring a broad range of skills to the partnership.

NACPM members recognize that decision-making involves a synthesis of knowledge, skills, intuition and clinical judgment.

NACPM members know that the best research demonstrates that out-of-hospital birth is a safe and rational choice for healthy women, and that the out-of-hospital setting provides optimal opportunity for the empowerment of the mother and the support and protection of the normal process of birth.

## **II. Philosophy and Principles of Practice ~ Continued**

**NACPM** members recognize that the mother or baby may on occasion require medical consultation or collaboration.

**NACPM** members recognize that optimal care of women and babies during pregnancy and birth takes place within a network of relationships with other care providers who can provide service outside the scope of midwifery practice when needed.

## **III. Scope of Practice for the National Association of Certified Professional Midwives**

The **NACPM Scope of Practice** is founded on the **NACPM** Philosophy. **NACPM** members offer expert care, education, counseling and support to women and their families throughout the caregiving partnership, including pregnancy, birth and the postpartum period. **NACPM** members work with women and families to identify their unique physical, social and emotional needs. They inform, educate and support women in making choices about their care through informed consent. **NACPM** members provide on-going care throughout pregnancy and continuous, hands-on care during labor, birth and the immediate postpartum period. **NACPM** members are trained to recognize abnormal or dangerous conditions needing expert help outside their scope. **NACPM** members each have a plan for consultation and referral when these conditions arise. When needed, they provide emergency care and support for mothers and babies until additional assistance is available. **NACPM** members may practice and serve women in all settings and have particular expertise in out-of-hospital settings.

## **IV. The Standards of Practice for NACPM Members**

The **NACPM** member is accountable to the women she serves, to herself, and to the midwifery profession. The **NACPM** Philosophy and the **NACPM Scope of Practice** are the foundation for the midwifery practice of the **NACPM** member. The **NACPM** Standards of Practice provide a tool for measuring actual practice and appropriate usage of the body of knowledge of midwifery.

### **Standard One: The NACPM member works in partnership with each woman she serves.**

The **NACPM** member:

- Offers her experience, care, respect, counsel and support to each woman she serves;
- Freely shares her midwifery philosophy, professional standards, personal **Scope of Practice** and expertise, as well as any limitations imposed upon her practice by local regulatory agencies and state law;
- Recognizes that each woman she cares for is responsible for her own health and well-being;
- Accepts the right of each woman to make decisions about her general health care and her pregnancy and birthing experience;
- Negotiates her role as caregiver with the woman and clearly identifies mutual and individual responsibilities, as well as fees for her services;
- Communicates openly and interactively with each woman she serves;
- Provides for the social, psychological, physical, emotional, spiritual and cultural needs of each woman;
- Does not impose her value system on the woman;
- Solicits and respects the woman's input regarding her own state of health;
- Respects the importance of others in the woman's life.

#### **IV. The Standards of Practice for NACPM Members ~ Continued**

**Standard Two: Midwifery actions are prioritized to optimize well-being and minimize risk, with attention to the individual needs of each woman and baby.**

The **NACPM** member:

- Supports the natural process of pregnancy and childbirth;
- Provides continuous care, when possible, to protect the integrity of the woman's experience and the birth and to bring a broad range of skills and services into each woman's care;
- Bases her choices of interventions on empirical and/or research evidence, verifying that the probable benefits outweigh the risks;
- Strives to minimize technological interventions;
- Demonstrates competency in emergencies and gives priority to potentially life-threatening situations;
- Refers the woman or baby to appropriate professionals when either needs care outside her scope of practice or expertise;
- Works collaboratively with other health professionals;
- Continues to provide supportive care when care is transferred to another provider, if possible, unless the mother declines;
- Maintains her own health and well-being to optimize her ability to provide care.

**Standard Three: The midwife supports a woman's right to plan her care according to her needs and desires.**

The **NACPM** member:

- Shares all relevant information in language that is understandable to the woman;
- Supports the woman in seeking information from a variety of sources to facilitate informed decision-making;
- Reviews options with the woman and addresses her questions and concerns;
- Respects the woman's right to decline treatments or procedures and properly documents her choices;
- Develops and documents a plan for midwifery care together with the woman;
- Clearly states & documents when her professional judgment is in conflict with the decision or plans of the woman;
- Clearly states and documents when a woman's choices fall outside the **NACPM** member's legal **Scope of Practice** or expertise;
- Helps the woman access the type of care she has chosen;
- May refuse to provide or continue care and refers the woman to other professionals if she deems the situation or the care requested to be unsafe or unacceptable;
- Has the right and responsibility to transfer care in critical situations that she deems to be unsafe;
- She refers the woman to other professionals and remains with the woman until the transfer is complete.

**Standard Four: The midwife concludes the caregiving partnership with each woman responsibly.**

The NACPM member:

- Continues her partnership with the woman until that partnership is ended at the final postnatal visit or until she or the woman ends the partnership and the midwife documents same;
- Ensures that the woman is educated to care for herself and her baby prior to discharge from midwifery care;
- Ensures that the woman has had an opportunity to reflect on and discuss her childbirth experience;
- Informs the woman and her family of available community support networks and refers appropriately.

**Standard Five: The NACPM member collects and records the woman's and baby's health data, problems, decisions and plans comprehensively throughout the caregiving partnership.**

The NACPM member:

- Keeps legible records for each woman, beginning at the first formal contact and continuing throughout the caregiving relationship;
- Does not share the woman's medical and midwifery records without her permission, except as legally required;
- Reviews and updates records at each professional contact with the woman;
- Includes the individual nature of each woman's pregnancy in her assessments and documentation;
- Uses her assessments as the basis for on-going midwifery care;
- Clearly documents her objective findings, decisions and professional actions;
- Documents the woman's decisions regarding choices for care, including informed consent or refusal of care;
- Makes records and other relevant information accessible and available at all times to the woman and other appropriate persons with the woman's knowledge and consent;
- Files legal documents appropriately.

**Standard Six: The midwife continuously evaluates and improves her knowledge, skills and practice in her endeavor to provide the best possible care.**

The NACPM member:

- Continuously involves the women for whom she provides care in the evaluation of her practice;
- Uses feedback from the women she serves to improve her practice;
- Collects her practice statistics and uses the data to improve her practice;
- Informs each woman she serves of mechanisms for complaints and review, including the NARM peer review and grievance process;
- Participates in continuing midwifery education and peer review;
- May identify areas for research and may conduct and/or collaborate in research;

## **Standard Six ~ Continued**

- Shares research findings and incorporates these into midwifery practice as appropriate;
- Knows and understands the history of midwifery in the United States;
- Acknowledges that social policies can influence the health of mothers, babies and families; therefore, she acts to influence such policies, as appropriate.

## **V. Endorsement of Supportive Statements**

NACPM members endorse:

- **The Midwives Model of Care** (© 1996-2004 Midwifery Task Force),
- **The Mother Friendly Childbirth Initiative** (© 1996 Coalition for Improving Maternity Services),
- **The Rights of Childbearing Women** (© 1999 Maternity Center Association, Revised 2004).

For the full text of each of these statements, please refer to the following web pages.

- **Midwives Model of Care (MMOC)** ~ <http://cfmidwifery.org/mmoc/>
- **Mother Friendly Childbirth Initiative (MFIC)** ~ <http://www.motherfriendly.org/mfci.php>
- **Rights of Childbearing Women** ~ <http://childbirthconnection.com/article.asp?ck=10084&ClickedLink=0&area=27>