



REPRODUCTIVE HEALTH AND EQUITY

50-State Survey: Direct Entry Midwives

Direct Entry Midwives Across the Nation

Background

The United States has the highest maternal mortality rate among developed countries.¹ Alarming, the rates of these largely preventable maternal deaths in the US have been increasing since 2000.² In many countries, midwives are an important part of the maternal care team, while in the United States, obstetrician-gynecologists make up the majority of the workforce.³ In 2018, the US had 11 obstetricians and 4 midwives per 1,000 live births.⁴ New Zealand, which has the lowest maternal mortality rate of developed countries, had 8 obstetricians and 46 midwives per 1,000 live births.⁵ The World Health Organization recommends midwives to reduce maternal mortality.⁶

Midwives play an essential role in providing culturally appropriate care in a childbearing setting, including involving a mother in the decision-making of birth choices and birth position during labor. Therefore, striving to increase the number of available midwives is especially important to safeguard the health of communities of color. Disparities are prevalent and well-documented in perinatal outcomes for White women versus women of color and persist even when controlling for factors like socioeconomic status and access to quality prenatal care.⁷ Black Americans in particular face substantially higher rates of maternal and neonatal mortality, preterm birth, and low birthweight.⁸ Black mothers experience a two to four times elevated risk for both maternal and infant mortality than do White

mothers.⁹ Available data suggests that institutional racism is a contributing factor, meaning place of birth or model of maternity care may impact these outcomes.¹⁰ Notably, the availability of midwives is significantly lower in states with higher populations of Black Americans.¹¹ Greater integration of midwives in these states is likely to result in reduced rates of neonatal mortality, preterm birth, and increased breastfeeding success for Black mothers.¹²

In recent years, many states have made an effort to expand the number of midwives in the maternal workforce by allowing the licensure of “direct entry” midwives. Direct entry midwives are midwives who may be credentialed to provide childbirth support and services despite not having a formal nursing education. A majority of states license the practice of direct entry midwives, which can create professional standards and ensure safety while also potentially increasing the number of midwives practicing in the United States and helping reduce the maternal mortality rate. These standards include education and training requirements as well as guidelines on the administration of medication (including medications allowed or prohibited and conditions under which administration is allowed).

Thirteen states do not regulate direct entry midwives at all¹³, while the state of Missouri allows direct entry midwives to practice but does not require licensure.¹⁴ In some states, midwives are allowed to practice if they have obtained a Bridge Certificate. This will be granted by the North American Registry of Midwives once an applicant has completed 50 hours of accredited approved continuing education contact hours within the five year period prior to application.¹⁵ The table below provides a summary of laws in all states and the District of Columbia regulating direct entry, including training requirements for licensure, the state regulatory body, and what medications midwives can administer while practicing.

Summary of State Laws on Direct Entry Midwives

Enacted or adopted as of October 2022

State	Licensure Requirements	Regulating Body	Administration of Medication
Alabama	Must obtain a certified professional midwife credential through a program or pathway accredited by the Midwifery Education Accreditation Council or another accrediting agency recognized by the United States Department of Education. Ala. Code § 34-19-15(a)(3) .	Alabama State Board of Midwifery	Licensed midwives in Alabama can administer anti-hemorrhagic medication and oxygen in emergency circumstances. Ala. Midwifery Admin. Code Ch. 582-x-38.09 (a)(13) .

Alaska	Must finish a course of study of at least one year's duration that has been accredited by the Midwifery Education Accreditation Council, or an equivalent course approved by the United States Department of Education. Supervised clinical experience must also be completed and an exam is required. Alaska Stat. § 08.65.050 ; 12 AAC 14.200 .	Alaska Board of Certified Direct Entry Midwives	Licensed midwives in Alaska can administer local anesthetics, vitamin K, Rh immune globulin, ophthalmic prophylaxis, postpartum antihemorrhagic drugs, IV fluids, prophylaxis for Group B streptococcus infection, epinephrine for allergic reaction, and anti-diarrheal agents. 12 AAC14.570 .
Arizona	Must complete training in adult CPR via a course recognized by the American Heart Association and a course in neonatal resuscitation through a course recognized by the American Academy of Pediatrics or American Heart Association. Potential midwives must also obtain a certification as Certified Professional Midwife from the North American Registry of Midwives and complete a jurisprudence examination. A.A.C. R9-16-101 et seq.	Arizona Department of Health Services	Licensed midwives in Arizona can administer up to 20 units of Pitocin for control of postpartum hemorrhage, if they have a written order by a physician and arrange for immediate emergency transport. They may also administer Rh immunoglobulin and vitamin K under written physician's orders. Ariz. Admin Code R § 9-16-108, 113.
Arkansas	Must be certified as the North American Registry of Midwives as a Certified Professional Midwife or hold an equivalent certification approved by the Arkansas Department of Health. The Arkansas Rules Examination must also be completed. Ark. Admin. Rules 007-13-20.200 , Rules Governing the Practice of Licensed Lay Midwifery in Arkansas.	Arkansas Department of Health	Licensed midwives in Arkansas can administer eye prophylaxis and oral vitamin K to infants by acting as the agent of the client. Other medications may not be administered. Ark. Admin. Rules 007-13-20.302.07, Rules Governing the Practice of Licensed Lay Midwifery in Arkansas.
California	Must complete a three-year postsecondary midwifery education program accredited by an accrediting organization approved by the Medical Board and successfully complete a licensing exam equivalent to that given by the American College of Nurse Midwives. Cal. Bus. & Pro. Code. § 2512.5.	Medical Board of California	Licensed midwives can obtain and administer medications that are necessary to the practice of midwifery and consistent with the scope of practice. Cal. Bus. & Pro. Code. § 2507.
Colorado	Must complete an examination evaluated and approved by the [Director of Professions and Occupations] and have completed a training approved by the director, completed practical experience, participated as a birth attendant, and be certified in CPR by the American Heart Association or American Red Cross. Colo. Rev. Stat. § 12-225-104.	Division of Professions and Occupations: Direct Entry Midwifery Registration	Licensed midwives in Colorado can administer Vitamin K by intramuscular injection, Rh immune globulin, postpartum antihemorrhagic drugs, eye prophylaxis, local anesthetics, and prophylaxis for Group B streptococcus infection. Colo. Rev. Stat. § 12-225-107 ; 4 CCR §4-739-1.

Delaware	Delaware licenses both Certified Professional Midwives and Certified Midwives. To obtain a Certified Professional Midwife license a person must have obtained an education accredited by the Midwifery Education and Accreditation Council or another program that meets the standards of the International Confederation of Midwives. A course in pharmacology and intravenous therapy is also required. To obtain a Certified Midwife license a person must meet the minimum educational requirements as required for the Certified Midwife credential. A course in pharmacology and intravenous therapy is also required. 24 Del. Admin. Code §1795-13.0.	Department of State, Division of Professional Regulation Midwifery Practitioners	Licensed midwives in Delaware can administer Rh immune globulin, medications for postpartum hemorrhage, ophthalmic prophylaxis, vitamin K, local anesthetic, epinephrine for allergic reactions, antibiotics for Group B streptococcus infection, and intravenous therapy for blood loss (if emergency transport is immediately arranged). 24 Del. Admin. Code §1795-4.4.2.
District of Columbia	Must complete a graduate-level midwifery education program accredited by the Accreditation Commission for Midwifery Education and hold a certification from the American Midwifery Certification Board. D. C. § Law 23-97.	D.C. Board of Nursing	A licensed midwife in Washington, D.C. can prescribe medications, including controlled substances and contraception. D. C. § Law 23-97.
Florida	Must complete an approved midwifery program with a course of study and clinical experience for at least three years and take a licensure examination. Fla. Stat. § 467.009-.011.	Department of Health, Council of Licensed Midwifery	A licensed midwife in Florida can administer ophthalmic prophylaxis, oxygen, postpartum oxytocin for hemorrhage, vitamin K, Rho immune globulin, local anesthetic, and other medications prescribed by a physician. Fla. Stat. § 467.015.
Hawaii	Licensing is required for Certified Professional Midwives, while Traditional Hawaiian Healers are exempted from licensing requirements. In order to obtain a license, Certified Professional Midwives must hold a certification as a certified professional midwife or certified midwife and complete a formal midwifery education program accredited by the Midwife Education Accreditation Council or have a bridge certificate from the North American Registry of Midwives. Haw. Rev. Stat. §457J-8.	Department of Commerce and Consumer Affairs: Professional and Vocational Licensing: Board of Nursing	Licensed midwives in Hawaii can purchase and administer non-controlled legend drugs and devices. These include ophthalmic prophylaxis, vitamin K, epinephrine for neonatal resuscitation, oxygen, prophylaxis for Group B streptococcus medication, postpartum antihemorrhagics, Rho immune globulin, epinephrine for allergic reactions, intravenous fluids, and local anesthetic. Haw. Rev. Stat. §457J-11.
Idaho	Must hold a current certification as a Certified Professional Midwife by the North American Registry of Midwives and complete a board approved Midwife Education Accreditation Council accredited course in pharmacology, the treatment of shock, IV therapy, and suturing specific to midwives. Idaho Admin. Code r. § 24.26.01.100.	Idaho Board of Midwifery	Licensed midwives in Idaho can obtain and administer the drugs described in the midwifery formulary including oxygen, postpartum hemorrhagic drugs, local anesthetic, prophylaxis for Group B streptococcus infection, epinephrine for allergic reactions, lactated ringers, Rho

			immune globulin, phytonadione, and ophthalmic prophylaxis. Idaho Admin. Code r. § 24.26.01.351.
Illinois	Must hold a certification as a Certified Professional Midwife from the National Association of Registered Midwives and have completed a postsecondary midwife education program accredited by the Midwife Education and Accreditation Council. 225 Ill. Comp. Stat. 64/45.	Illinois Midwifery Board	Licensed midwives in Illinois can obtain and administer oxygen, ophthalmic prophylaxis, postpartum antihemorrhagic drugs, vitamin K, Rho immune globulin, intravenous fluids, prophylaxis for Group B streptococcus infection, ibuprofen, local anesthetic, and sterile subcutaneous injections. 225 Ill. Comp. Stat. 64/70(b).
Indiana	Must have an associate degree in nursing, an associate degree in midwifery accredited by the Midwifery Education Accreditation Council, or other science related associates or bachelor's degree. Must also have completed educational curriculum approved by the Midwifery Education Accreditation Council and the Board, have completed practical experience, and hold a CPR certification. Ind. Code § 25-23.4-3-1.	Indiana Professional Licensing Agency	Licensed midwives in Indiana can administer postpartum antihemorrhagic drugs, local anesthetic, oxygen, prophylaxis for Group B streptococcus infection, vitamin K, Rho immune globulin, and ophthalmic prophylaxis. Drugs can only be administered with a physician's order. Ind. Code § 25-23.4-4-5.
Kentucky	Must have completed a training program from the Midwifery Education Accreditation Council Certified Professional Midwife, or must be certified by the North American Registry of Midwives and have obtained a Bridge Certificate, or be licensed in another state that does not require an accredited education but have earned a Bridge Certificate. Ky. Rev. Stat. § 314.400-414 ; 201 Ky. Admin. Regs. 20:620.	Kentucky Board of Nursing	Licensed midwives in Kentucky can obtain and administer vitamin K, Rho immune globulin, ophthalmic prophylaxis, oxygen, hepatitis B vaccine, prophylaxis for Group B streptococcus infection, topical anesthetics, lidocaine, epinephrine, glucose gel for neonatal hypoglycemia, normal saline, oxygen, lactated ringers, and postpartum antihemorrhagic drugs. 201 Ky. Admin. Regs. 20:650.
Louisiana	Must have completed an educational course approved by the Board, clinical experience, and the qualifying written and practical examinations. La. Stat. Ann. §37:3245 ; La. Admin. Code XLV-2307.	Louisiana State Board of Medical Examiners	A licensed midwife in Louisiana can administer: oxygen for fetal or maternal distress; local anesthetic for repair of tears or lacerations; vitamin K for control of bleeding in newborn; oxytocin or methergine for postpartum hemorrhage; intravenous fluids for maternal hydration with additional medications provided by physician's order for Group B streptococcus infection or hemorrhage; prenatal Rho immune globulin; Benadryl; and penicillin-G. La. Admin. Code XLV-5325.

Maine	Must have completed a graduate level education program in midwifery that is accredited by the Accreditation Commission for Midwifery Education and have a valid national certificate as a certified midwife from the National Midwifery Certification Board. Me. Stat. tit. 32 § 12533.	Maine Board of Complementary Health Care Providers. Department of Professional and State Regulations: Maine State Board of Nursing	A licensed midwife in Maine can possess and administer oxygen, oxytocin excluding methergine for postpartum hemorrhage, vitamin K, ophthalmic prophylaxis, and local anesthetic for repair of lacerations. Licensed midwives in Maine can also prescribe medications that are not Schedule II drugs as defined in the Controlled Substances Act of 1970. Me. Stat. tit. 32 § 12536.
Maryland	Required certification in CPR from the American Red Cross or American Heart Association and completion of the American Academy of Pediatrics or American Heart Association neonatal resuscitation program in the last two years. Also required is a Certified Professional Midwife credential from the North American Registry of Midwives and completion of a midwifery education program accredited by the Midwifery Education Accreditation Council or Accreditation Commission for Midwifery Education. If a non-accredited educational program has been completed, licensure can still be obtained if there is verification of completion of the North American Registry of Midwives approved clinical requirements and completion of at least 50 hours of continuing education in the past 2 years Md. Code Ann. Health-Gen. § 10-64.01.15.	Maryland State Board of Nursing	Licensed midwives in Maryland can obtain and administer vitamin K1, Rho immune globulin, postpartum antihemorrhagic drugs, ophthalmic prophylaxis, oxygen, local anesthetics, epinephrine, prophylaxis for Group B streptococcus infection, sterile water papules, and intravenous fluids. Md. Code Ann. Health-Gen. § 10-64.01.07.
Michigan	Must have completed an educational program or pathway accredited by the Midwifery Education and Accreditation Council and hold the credential of certified professional midwife from the North American Registry of Midwives or an equivalent credential from another midwifery credentialing program approved by the board and accredited by the national Commission for Certifying Agencies and pass an examination, or, if credentials were obtained prior to January 1, 2020, hold a credential as a Certified Professional Midwife from the North American Registry of Midwives or its equivalent. Mich. Comp. Law § 333.17115.	Michigan Bureau of Professional Licensing	Licensed midwives in Michigan can administer vitamin K, postpartum antihemorrhagic drugs, local anesthetic for repair of lacerations to a mother, oxygen, ophthalmic prophylaxis, Rho immune globulin, prophylaxis for Group B streptococcal infection, intravenous fluids, and “any other drug or medication prescribed by a health care provider with prescriptive authority that is consistent with the scope of practice of midwifery and is authorized by the board by rule.” Mich. Comp. Law § 333.17111.

Minnesota	Must have completed an “approved educational program”, which is a university, college, or other educational program leading to eligibility certification in midwifery that is accredited by the Midwifery Education and Accreditation Council and have a valid and current credential from the North American Registry of Midwives. Must also have a current certification for adult and infant CPR and proof of practical experience. Minn. Stat. § 147D.17.	Minnesota Board of Medical Practice	Licensed traditional midwives in Minnesota may administer vitamin K, postpartum antihemorrhagic drugs under emergency situations, local anesthetic, oxygen, and ophthalmic prophylaxis. Minn. Stat. § 147D.09.
Montana	Must have completed educational requirements approved by the Board, practical experience, and have current certification in adult and infant CPR and neonatal resuscitation. Mont. Code. Ann. § 37-27-201.	Montana Board of Alternative Health Care	Licensed midwives in Montana cannot dispense or administer prescription drugs except for Vitamin K, Pitocin (postpartum), xylocaine, and ophthalmic prophylaxis. Mont. Code. Ann. § 37-27-302.
New Hampshire	Must have completed high school or equivalent, completed a college level course in anatomy and physiology, meet practical experience requirements, completed a credential course in birth-related laceration repairs, have a current certification from the North American Registry of Midwives, and pass a written and oral exam. A certification in adult and infant/child CPR is also required. N.H. Rev. Stat. Ann. §XXX-326-D:7.	New Hampshire Midwifery Council	Licensed midwives in New Hampshire may obtain, possess, and administer Rhogam, ophthalmic prophylaxis, oxygen, lidocaine hydrochloride, vitamin K, postpartum hemorrhagic drugs, IV fluids, and other drugs prescribed by a physician that are consistent with the scope of midwifery practice. N.H. Rev. Stat. Ann. §XXX-326-D:12.
New Jersey	Must have a transcript from a midwifery program accredited by the Accreditation Commission for Midwifery Education or the Midwifery Education Accreditation Council and have a certification from the American College of Nurse Midwives, American Midwifery Certification Board, or the North American Registry of Midwives. N.J. Admin. Code §13-35-2A.4.	Midwife Liaison Committee of the New Jersey Board of Medical Examiners	The New Jersey Administrative Code only provides prescriptive and administrative authorization to Certified Nurse Midwives, not direct entry midwives. N.J. Admin. Code §13-35-2A.5.
New Mexico	Must have a passing score on the Division-approved national examination within one year of application OR proof of a Certified Professional Midwife Certification. A jurisprudence examination is also required, along with current certification in adult and infant/child CPR, competency in IV therapy, and certification in neonatal resuscitation. New Mexico also allows apprentice and student midwife permits. N.M. Code R. § 16.11.3.10.	New Mexico Department of Health, Public Health Division, Maternal Health Program	Licensed Midwives in New Mexico may procure, carry, and administer formulary medications as outlined in the department-approved formulary as set forth in the department health practice guidelines. These include oxygen for distress and resuscitation, postpartum hemorrhagic drugs, lidocaine, prophylaxis for Group B streptococcus infection, epinephrine for allergic reactions, lactated ringers, IV fluids, vaccines, Rh(D) immune

			globulin, hepatitis B immune globulin, vitamin K, ophthalmic prophylaxis, and various sutures. N.M. Code R. § 16.11.3.14.
New York	Must complete a master's degree or higher degree in midwifery or a related field that is registered by the Board as licensure qualifying. Education must be accredited by the Accreditation Commission for Midwifery Education or determined by the Board to be the equivalent of such. N.Y. Educ. Laws VIII, 140 § 6955 , also see (License Requirements) ; Comm. Reg. § 52.20.	New York State Board of Midwifery	Licensed Midwives in New York may prescribe and administer drugs, immunizing agents, diagnostic tests and devices, and order laboratory tests that are limited to the practice of midwifery. N.Y. Educ. Laws VIII, 140 § 6951.
Oklahoma	Must have a current certification from the North American Registry of Midwives or the American Midwifery Certification Board and have completed coursework in administration of medicine, including injections and IV medications, within the last 3 years. Current certifications in Bloodborne Pathogens, neonatal resuscitation, and CPR are also required. Okla. Stat. Tit. 310:395-7-2.	Oklahoma State Department of Health/Consumer Health Service	Licensed midwives in Oklahoma can administer oxygen for distress or resuscitation, local anesthetic, Rh immune globulin, prophylaxis for Group B streptococcus infection, vitamin K, ophthalmic prophylaxis, epinephrine for allergic reactions, postpartum antihemorrhagic medications, Hepatitis B vaccine, IV fluids (for medication administration, dehydration, or hypovolemia) while awaiting EMS. Okla. Stat. Tit. 310:395-5-13.
Oregon	Must have a current certification as a Certified Professional Midwife from the North American Registry of Midwives and have completed practical training. A current certification in CPR for infants and adults and neonatal resuscitation is also required. Traditional midwives are exempt from these requirements and permitted to practice without a license, however, the term "traditional midwife" does not appear to be defined by Oregon law. Or. Rev. Stat. § 687.420. Also see Or. Rev. Stat. § 687.415(2)(b).	Oregon Board of Direct Entry Midwifery	Licensed midwives in Oregon may purchase and administer authorized scheduled legend drugs and devices used in pregnancy, birth, postpartum care, newborn care, or resuscitation. These include ophthalmic prophylaxis, vitamin K, oxygen, prophylaxis for Group B streptococcus infection, postpartum antihemorrhagic drugs, RhoD immunoglobulin, epinephrine, IV fluids, local anesthetic, and oxygen. Or. Rev. Stat. § 697.493.
Rhode Island	Must have completed an accredited educational program accredited by the Accreditation Commission for Midwifery Education or the Midwifery Education Accreditation Council and have passed an examination administered by the American Midwifery Certification Board or the North American Registry of Midwives. 216 40 R.I. Code R. § 05.23.7.	Rhode Island Department of Health	Certified professional midwives shall not have prescriptive authority but may carry and administer emergency medications. These include intravenous solution, postpartum hemorrhagic drugs, vitamin K, ophthalmic prophylaxis, lidocaine, epinephrine for allergic reactions, Rhogam, and prophylaxis for Group B streptococcus infection. 216 40 R.I. Code R. § 05.23.10.

South Carolina	Must have passed the North American Registry of Midwives national written examination and an oral examination given by the South Carolina Department of Health and Environmental Control. S.C. Code Ann. Regs. 61-24C.	South Carolina Department of Health and Environmental Control	Midwives in South Carolina can administer medications for control of postpartum hemorrhage, ophthalmic prophylaxis, and Rhogam after consultation with a physician. S.C. Code Ann. Regs. 61-24G.
South Dakota	Must have obtained a certified professional midwife credential, completed an educational course accredited by the Midwifery Education Accreditation Council, or have completed an unaccredited program and have obtained a Bridge Certificate from the North American Registry of Midwives. S.D. Codified Laws §36-9C-4.	South Dakota Board of Professional Midwives	Certified professional midwives in South Dakota can administer drugs that are part of the formulary. These include vitamin K, postpartum hemorrhagic drugs, lidocaine, prophylaxis for Group B streptococcus infection, IV fluids, ophthalmic prophylaxis, and Rh(D) immune globulin. S.D. Admin. R. 20:86:03; Appendix A.
Tennessee	Must have a current certification from the North American Registry of Midwives. Current registration in adult CPR and neonatal resuscitation is also required. Tenn. Code Ann. §63-29-108.	Tennessee Council of Certified Professional Midwifery	Midwives in Tennessee can administer Rh immune globulin, oxygen, postpartum hemorrhagic drugs, local anesthetics, ophthalmic prophylaxis, vitamin K, and other medications as prescribed. Tenn. Midwives Assn. Prac. Guidelines.
Texas	Must have a current certification from the North American Registry of Midwives or have completed an educational course accredited by the Midwife Education Accreditation Council. The Texas Department of Licensing and Regulation have 2 additional approved training courses. Training in the collection of newborn screening specimens and current certification in CPR and neonatal resuscitation is also required. Tex. Occ. Code Ann. 3, C §203.252; 16 Tex. Admin. Code. §4.115.13.	Texas Department of Licensing and Regulation	Midwives in Texas can administer oxygen for distress and ophthalmic prophylaxis. 16 Tex. Admin. Code. §4.115.118-119.
Utah	Must have completed an educational course accredited by the Midwifery Education Accreditation Council and a pharmacology course offered by an accredited postsecondary institution. Current CPR certification for adults and infants and neonatal resuscitation is also required. Utah Admin. Code §58-77-302.	Utah Division of Occupational & Professional Licensing	Midwives in Utah can obtain and administer prescription vitamins, Rho immunoglobulin, sterile water, oxytocin to limit blood loss and prevent postpartum hemorrhage, oxygen, local anesthetic, vitamin K, ophthalmic prophylaxis, and other medications approved by a licensed health care provider with authority to prescribe. Utah Admin. Code §58-77-102(8)(f).

Vermont	Must have a current certification as a certified professional midwife from the North American Registry of Midwives. Vt. Stat. Ann. Tit. 26, Ch.85 §4183.	Vermont Office of Professional Regulation: Midwives Section	Midwives in Vermont may administer any medication prescribed by a licensed physician for a specific client and any medication in the formulary. These include oxygen, postpartum hemorrhagic medications, vitamin K, Rh(D) immune globulin, lidocaine, epinephrine for allergic reactions, vaccinations, IV fluids, prophylaxis for Group B streptococcus infection, and all purpose nipple ointment. Vt. Admin. R. for Midwives 3.16.
Virginia	Must have a current certification as a certified professional midwife and provide a report from the North American Registry of Midwives indicating whether there has ever been any adverse action taken against the applicant. 18 VAC 85-130-40.	Virginia Board of Medicine in consultation with the Advisory Board on Midwifery	Licensed midwives in Virginia cannot administer medication.
Washington	Must obtain midwifery training for a minimum of 3 years and observe at least 50 births. A limited prescriptive license extension is also available and has additional requirements, including obstetrical pharmacology training hours, additional training in providing family planning and treating common prenatal and postpartum conditions, and training to include medical devices and implants. Wash. Rev. Code §18.50.040.	Washington Department of Health in consultation with the Midwifery Advisory Committee	All midwives in Washington can obtain and administer ophthalmic prophylaxis, postpartum hemorrhagic medications, vitamin K, Rho immune globulin, local anesthetic, and any required medications. Those midwives who have completed the additional education requirements and have a limited prescriptive license can obtain and administer antibiotics, antiemetics, antivirals, antifungals, low-potency topical steroids, and antipruritic medications and therapies. They can also prescribe and provide hormonal and non-hormonal family planning methods. Wash. Rev. Code §18.50.115.
Wisconsin	Must have obtained certification from the North American Registry of Midwives. Certification in the use of automated external defibrillators and CPR is also required. Wis. Stat. §440.982.	Wisconsin Department of Regulation and Licensing	Midwives in Wisconsin may administer oxygen, postpartum antihemorrhagic drugs, IV fluids, vitamin K, and ophthalmic prophylaxis. Wis. Stat. §440.984.
Wyoming	Must have current certification as a certified professional midwife from the North American Registry of Midwives. There are three methods of licensure in Wyoming. First is licensure by education, which requires completion of an educational program accredited by the Midwifery Education Accreditation Council and training in treatment of respiratory distress in newborns, pharmacology specific to	Wyoming Board of Midwifery	Licensed midwives in Wyoming can administer drugs that are a part of the formulary including sterile H ₂ O papules, Rh(D) immune globulin, Vitamin K, ophthalmic prophylaxis, terbutaline, prophylaxis for group B streptococcus infection, epinephrine for allergic reactions, IV fluids, oxygen, postpartum antihemorrhagic drugs, and lidocaine. 36 10 WYO. CODE R.



	<p>midwives, treatment of shock, intravenous therapy, and suturing specific to midwives. Second is licensure by endorsement which requires that a midwife be licensed in another state with requirements at least as stringent as Wyoming. Third is licensure by practical experience, which requires 5 years of practical experience within the 5 years immediately preceding application, at least 55 out-of-hospital births, and a credential as a Certified Professional Midwife for all 5 years. 36.3 WYO. CODE R. § 1-4.</p>		
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¹ THE NETWORK FOR PUBLIC HEALTH LAW, *Issue Brief: Maternal Mortality Review Committees*, (August 1, 2018), <https://www.networkforphl.org/resources/maternal-mortality-review-committees/>.

² THE COMMONWEALTH FUND, *Issue Briefs: Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries*, (Nov. 18, 2020) <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries>.

³ *Id.*

⁴ *Id.*

⁵ *Id.*

⁶ *Id.*

⁷ Saraswathi Vedam Kathrin Stoll, and Marian MacDorman, et. al., *Mapping integration of midwives across the United States: Impact on access, equity, and outcomes*, PLOS ONE (Feb 2018), <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0192523>.

⁸ *Id.*

⁹ *Id.*

¹⁰ *Id.*

¹¹ *Id.*

¹² *Id.*

¹³ The following states do not regulate direct entry midwives: Connecticut, Georgia, Iowa, Kansas, Massachusetts, Mississippi, Nebraska, Nevada, North Carolina, North Dakota, Ohio, Pennsylvania and West Virginia.

¹⁴ MO, REV. STAT. § 376.1753 (2022).

¹⁵ Midwifery Bridge Certificate, North American Registry of Midwives (2023), <https://narm.org/certification-recertification/mbc/>.