Documentation of Annual Peer Review

The MN Midwives'Guild upholds the value of annual peer review as a supportive and educational means for midwives to ensure the safe and professional practice of midwifery. For this reason, we encourage, support, and recommend the peer review process be utilized by all midwives.

Midwives are strongly encouraged to seek the benefits of peer review opportunities, at least annually, to review practice standards and gain valuable input from the greater community of midwives in their geographical area.

Annual peer review should include (but may not be limited to):

* A review of all births attended since last review

* Evidence of current life saving certification(s)

Name_____Lic. No._____

Address_____ Date _____

Life saving certification(s) Current?____Review Completed? ___

Review approved by _____

Title/Office _____

All peer reviews should remain strictly confidential.

Minnesota Midwives' Guild Statement of Ethics

Midwifery is a feminine art and calling. It is very demanding work, both physically and emotionally. With this in mind, we set forth the following principles of proper conduct for the common good:

Each midwife shall tend to herself, to strive to be as aware of herself as she can be. In this way she will stay healthy and will keep her personal issues separate from the issues of the families she assists.

Family is the basis of traditional midwifery practice. If a midwife or her family is suffering as a result of her work, she is encouraged to step back and reevaluate/re-prioritize her situation. Midwives with a newborn or toddler of their own need to be aware of the high needs of their children and their own need to be at home.

Midwives need to respect a woman's right to choose her place of birth and attendants. Therefore, the midwife should not proselytize, persuade, or coerce a pregnant woman or her family toward choosing a home birth with a traditional midwife as an option for all women. The MMG recognizes that public education concerning the safety of home birth can be a benefit to all pregnant women considering their options.

Each midwife will disclose to every family she assists, any information they request regarding her midwifery background, training, and experience. A midwife must not attend the birth of a family she does not care for and respect.

The midwife will respect as confidential all information shared with her by the families she assists. If consultation becomes necessary, the family must be told and the consulting midwife or health care provider must respect this confidentiality. If the birth is discussed in a group meeting, the family shall remain anonymous.

While the families they serve may vary from year to year, other midwives in the community often become more permanent fixtures within their community. It is recommended that interactions be approached with consideration, and respect, and that conflicts be resolved the same way.

Interaction among midwives should happen in a supportive cooperative way. If a family approaches a new midwife, expressing dissatisfaction with a previous midwife, the approached midwife should encourage the family to resolve their conflict with the original midwife. Aside from offering respect, this may help a family overcome any lingering anxiety that may stem from past birth experience(s). A midwife must be careful not to try to "rescue" a woman from another midwife. If a midwife finds herself in a situation where she is competing or acting disrespectfully toward another midwife, she should carefully look at herself to see whether her own sense of worth is suffering and take whatever steps may be necessary and appropriate to better care for her own emotional needs.

Before contacting the medical community for assistance, traditional midwives are first urged to utilize the resources available to them within their midwifery community as outlined in the Standards of Care guidelines, unless safety and appropriateness dictate otherwise. Traditional midwives must understand that their decisions and actions have an impact on the larger community. When safety permits, consultation within the traditional midwifery community is encouraged prior to seeking medical consultation.

Intuition may be an integral part of the midwife's practice. Respect your intuition and carefully weigh all factors.

SCOPE OF PRACTICE: PRATICES AND PROCEDURES OF TRADITIONAL MIDWIFERY SERVICES

Midwives in Minnesota provide care to childbearing women, their unborn children and newborns.

The State of Minnesota Statute 147D.01 DEFINITIONS. Subdivision 9.Traditional midwifery services. reads:

"Traditional midwifery services" means the assessment and care of a woman and newborn during pregnancy, labor, birth, and the postpartum period outside a hospital.

The State of Minnesota Statute 147D.03 MIDWIFERY. Subdivision 2.Scope of Practice reads:

The practice of traditional midwifery includes, but is not limited to:
(1) initial and ongoing assessment for suitability of traditional midwifery care;
(2) providing prenatal education and coordinating with a licensed health care provider as necessary to provide comprehensive prenatal care, including the routine monitoring of vital signs, indicators of fetal developments, and laboratory tests, as needed, with attention to the physical, nutritional, and emotional needs of the woman and her family;
(3) attending and supporting the natural process of labor and birth;
(4) postpartum care of the mother and an initial assessment of the newborn; and
(5) providing information and referrals to community resources on childbirth preparation, breast-feeding, exercise, nutrition, parenting, and care of the newborn.

The preceding scope of practice statement excerpted from Minnesota Statute 147D.03, Subdivision 2, seeks to outline what 'traditional midwifery services' include, but are not limited to. The following care may be provided by the midwife in accordance with her individual practice guidelines, her skills and knowledge, and state laws and regulations.

The following is a list of commonly accepted practices provided in the course of delivering Traditional midwifery services:

1. Prenatal Period:
    A. Provide ongoing, comprehensive risk screening for suitability for out-of-hospital birth (p. 5-10; Appendices A-F; statute 147D.03 Subdivision 2.Scope of practice, item (1)
    B. Conduct initial health history interview and assess physical exam (p. 5-10)
    C. Order or arrange for appropriate prenatal diagnostic tests including labs, and ultrasound as indicated (statute 147D.03 Subdivision 2.Scope of practice, item (2)
    D. Collect, or arrange for collection of, lab specimens, including venipuncture, pap tests and vaginal/rectal swabs (Appendix B, statute 147D.03 Subdivision 2.Scope of practice, item (2)

E. Provide education and counseling on a variety of topics relative to the woman's physical, emotional and mental health, including nutrition and supplementation (statute 147D.03 Subdivision 2.Scope of practice, item (1),(2), and (5)
F. Provide ongoing prenatal visits to assess that pregnancy is progressing normally (statute 147D.03 Subdivision 2.Scope of practice, item (1)
G. Schedule and provide care for non-routine visits for variations of normal pregnancy (statute 147D.03 Subdivision 2.Scope of practice, item (1)
H. Educate the family in preparation for birth, lactation and newborn care (statute 147D.03 Subdivision 2.Scope of practice, item (5)
I. Provide and administer Rhogam to Rh negative women with informed consent (Appendix F, Item 3: Rho(D) Immune Globulin; statute 147D.03 Subdivision 2.Scope of practice, item (2)and (4)

2. Care During Labor, Birth and Immediate Postpartum:
   A. Assess the progress of labor through observation and physical examination
   B. Monitor the fetal heart rate in response to labor
   C. Provide for physical and emotional support of the mother as needed
   D. Administer oxygen as needed (Appendix F, item 4: Oxygen)
   E. Administer intravenous fluids as needed (Appendix F, item 8: lactated ringers, normal saline, and D5LR)
   F. Perform amniotomy in the rare instances its indicated
   G. Recommend complementary and alternative modalities or techniques to facilitate progress of labor
   H. Cut episiotomy if needed (page 13 of MMG Standards of Care 2015 revision, paragraphs 4, 5 and 6)
   I. Suture perineal and vaginal lacerations, up to 2nd degree, with the administration of local anesthetic (page 11 of MMG Standards of Care 2015 revision, items 11, 12, 14 and 15; Appendix F, items 5 and 6: suture material and local anesthetic)
   J. Obtain necessary lab specimens (Appendix B, statute 147D.03 Subdivision 2.Scope of practice, item (2)

K. Administer prescriptive anti-hemorrhagic drugs to control postpartum blood loss (page 11 of MMG Standards of Care 2015 revision, last paragraph of 1st section; Appendix F, item 7: Pitocin, Methergin, Misoprostol (Cytotech)
L. Examine the placenta (page 11 of MMG Standards of Care 2015 revision, item 10 and 14)
M. Perform manual removal of the placenta if indicated (page 11 of MMG Standards of Care 2015 revision, item 8 and 14)
N. Facilitate bonding and breastfeeding with newborn

3. Postpartum Care:
   A. Provide serial routine and non-routine postpartum visits as needed to assess the wellbeing of the mother as she recovers from delivery and transitions in to early motherhood, typically through 6 weeks after delivery
   B. Facilitate and support breastfeeding and address problem areas that adversely affect successful lactation
   C. Screen for physical risk factors in the postpartum period
   D. Screen for psychological risk factors in the postpartum period including postpartum depression
   E. Obtain lab specimens and/or orders lab tests (Appendix B, statute 147D.03 Subdivision 2.Scope of practice, item (2)
   F. Administer RhoGam to Rh negative mothers with Rh positive newborns, with informed consent (page 15 of MMG Standards of Care 2015 revision, paragraph 6; Appendix F, item 3: Rho(D) Immune Globulin
   G. Continue to provide education and counseling to women and families relative to the postpartum time period
4. Newborn Care
   A. Provide immediate care of the newborn upon delivery, including APGAR assessments (page 15 of MMG Standards of Care 2015 revision, paragraph 1)
   B. Administer appropriate resuscitative efforts (page 11 of MMG Standards of Care 2015 revision, item 16)
   C. Administer vitamin K and erythromycin eye ointment with informed consent (Appendix F, items 1 and 2: antibiotic eye ointment and Vitamin K injectable or oral)

SCOPE OF PRACTICE: PRATICES AND PROCEDURES OF TRADITIONAL MIDWIFERY SERVICES

D. Perform a comprehensive newborn examination (page 16 of MMG Standards of Care 2015 revision)
E. Collect lab specimens and order appropriate tests (Appendix B, statute 147D.03 Subdivision 2.Scope of practice, item (2)
F. Recommend comprehensive newborn screening per MDH standards
G. Make regular assessments during the newborn period (28 days) for feeding, elimination, weight gain, vital signs, umbilical stump healing, neurological responses and development (page 19-20 of MMG Standards of Care 2015 revision)
H. Provide ongoing education and counseling to parents for newborn and infant care

5. Women's Health Care (page 20 of MMG Standards of Care 2015 revision)
   A. Offer pre-conception counseling
   B. Provide fertility, family planning and contraceptive care
   C. Perform well-woman gynecological exams, including screenings for STIs, Pap collection, breast exam and nutrition education

<u>While the scope of Traditional Midwifery Practice in Minnesota does not include routine use of: amniotomy, intravenous fluids, anti-hemorrhagics, or manual removal of the placenta, the traditional midwife may use them when the rare situation warrants it.</u>