

Chapter N 4

LICENSURE OF NURSE–MIDWIVES

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Note: Chapter N 6 as it existed on September 30, 1985 was renumbered Chapter N 4, effective October 1, 1985.

N 4.01 Authority and intent. (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5), 227.11 and 441.15, Stats.

(2) The intent of the board of nursing in adopting rules in this chapter, interpreting s. 441.15, Stats., is to specify the requirements for obtaining licensure as a nurse–midwife; the scope of practice of nurse–midwifery; the types of facilities in which such practice may occur; and malpractice insurance requirements for nurse–midwives.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (2), Register, May, 1990, No. 413, eff. 6–1–90; correction in (1) made under s. 13.93 (2m) (b) 7., Stats.; Register, May, 1990, No. 413; CR 03–009: am. (2), Register November 2003 No. 575, eff. 12–1–03.

N 4.02 Definitions. As used in this chapter:

(1) “Board” means board of nursing.

(2) “Bureau” means bureau of health service professions within the department of safety and professional services, located at 1400 East Washington Avenue, Madison, Wisconsin.

(2m) “Collaboration” has the meaning specified in s. 441.15 (1) (a), Stats.

(4) “Complications” means those conditions which jeopardized the health or life of the patient and which deviate from normal as defined in the written agreement consistent with the standards of practice of the American College of Nurse–Midwives.

(5) “Direct supervision” means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

(5m) “Nurse–midwife” means a nurse–midwife licensed by the board.

(6) “Written agreement” means an agreement between the collaborating physician and the nurse–midwife which is permanently recorded, dated and signed by both parties, is available for inspection upon reasonable request, and consists of at least the following: framework of mutually approved guidelines including conditions of collaboration and referral.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; cr. (8), Register, September, 1985, No. 357, eff. 10–1–85; am. (2), (6) and (8), Register, May, 1990, No. 413, eff. 6–1–90; CR 03–009: renum. (3), (4) and (8) to be (4), (6) and (5) and am. (4) and (6), cr. (2m), r. (5) and (7), correction made under s. 13.93 (2m) (b) 1., Stats.; Register November 2003 No. 575; correction in (2) made under s. 13.92 (4) (b) 6., Stats.; Register February 2012 No. 674.

N 4.03 Qualifications for licensure. An applicant for licensure as a nurse–midwife shall be granted licensure by the board, provided that the applicant meets all of the following:

(1) Has completed an educational program in nurse–midwifery accredited by the American College of Nurse–Midwives.

(2) Holds a certificate issued by the American College of Nurse–Midwives or the American College of Nurse–Midwives Certification Council.

(3) Is currently licensed to practice as a professional nurse in Wisconsin, or is currently licensed to practice professional nursing in another state which has adopted the nurse licensure compact.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (intro.) and (3), Register, May, 1990, No. 413, eff. 6–1–90; CR 01–046: am. (3), Register October 2001 No. 550, eff. 11–1–01; CR 03–009: am. (intro.), (1) and (2) Register November 2003 No. 575, eff. 12–1–2003.

N 4.04 Application procedures for licensure. (1) An applicant for licensure to practice as a nurse–midwife shall file a completed, notarized application on a form provided by the bureau. The application shall include all of the following:

(a) Signature of the applicant.

(b) Fee specified under s. 440.05 (1), Stats.

(c) Evidence of completion of an educational program in nurse–midwifery approved by the American College of Nurse–Midwives and evidence of certification as a nurse–midwife from the American College of Nurse–Midwives or the American College of Nurse–Midwives Certification Council.

(d) Identification of current licensure as a professional nurse in Wisconsin or of current licensure in another state which has adopted the nurse licensure compact, including the license number and renewal information.

(2) A separate license shall be issued by the board for the practice of nurse–midwifery.

(3) Renewal of a license to practice nurse–midwifery shall be conducted as a separate procedure from the renewal of the nurse’s license as a professional nurse.

(4) The applicant for renewal shall inform the board whether the certificate issued to him or her by the American College of Nurse–Midwives or the American College of Nurse–Midwives Certification Council has been revoked or suspended.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (1) (intro.), (c) and (d) and (3), Register, May, 1990, No. 413, eff. 6–1–90; CR 01–046: am. (1) (d) and (3), cr. (4), Register October 2001 No. 550, eff. 11–1–01; CR 03–009: am. (1) (intro.), (a) to (c) and (4) Register November 2003 No. 575, eff. 12–1–2003.

N 4.05 Temporary permits. (1) ELIGIBILITY. An applicant for licensure as a nurse–midwife who has completed an educational program in nurse–midwifery approved by the American college of nurse–midwives, who is currently licensed to practice as a professional nurse in Wisconsin and who has paid the fee specified in s. 440.05 (6), Stats., may be eligible for a temporary permit to practice nurse–midwifery.

(2) ISSUING A TEMPORARY PERMIT. The bureau of health service professions shall issue a temporary permit to an eligible applicant within one week of the determination of eligibility.

(3) SUPERVISION REQUIRED. The holder of a temporary permit shall practice under the direct supervision of a nurse–midwife certified under s. 441.15, Stats., or a physician. The holder may not practice beyond the scope of practice of a nurse–midwife as set forth in s. N 4.06.

(4) TITLE. The holder of a valid temporary permit under this section may use the title “graduate nurse–midwife” or the letters “G.N.M.”.

(5) DURATION. (a) Except as provided in pars. (b) to (e), the duration of a temporary permit granted by the board is:

1. For applicants who have been granted a temporary permit to practice as a registered nurse, the period which coincides with the registered nurse temporary permit.

2. For other applicants, 6 months.

(b) The temporary permit of a candidate who is unsuccessful on the examination administered by the American College of Nurse–Midwives Certification Council is void upon receipt of the examination results by the holder and shall be returned by the holder to the board immediately. Failure to return the permit promptly shall, without further notice or process, result in a board order to revoke the permit.

(c) A temporary permit may be renewed once for a period of 3 months.

(d) A second renewal for a 3–month period may be granted in hardship cases if an affidavit is filed with the board identifying the hardship. “Hardship cases”, as used in this paragraph, includes the inability to take or complete a scheduled examination because of illness, family illness or death, accident or natural disaster or because the person is awaiting examination results.

(e) Practice under temporary permits, including renewals under pars. (c) and (d), may not exceed 12 months total duration.

(6) DENIAL. A temporary permit may be denied an applicant for any of the reasons in sub. (7) for which the board may revoke a temporary permit or for the misrepresentation of being a nurse–midwife or a graduate nurse–midwife before the granting of a permit under this section.

(7) REVOCATION. A temporary permit may, after notice and hearing, be revoked by the board for any of the following reasons:

(a) Violation of any of the rules of conduct for registered nurses in ch. N 7 or for violation of the rules governing nurse–midwives under ch. N 4.

(b) Failure to pay the required fees under s. 440.05 (6), Stats.

(c) Provision of fraudulent information on an application for licensure.

History: Cr. Register, September, 1985, No. 357, eff. 10–1–85; r. and recr. (5) (a), am. (1) to (3) and (6), Register, May, 1990, No. 413, eff. 6–1–90; CR 03–009: am. (5) (b) Register November 2003 No. 575, eff. 12–1–2003.

N 4.06 Scope of practice. (1) The scope of practice is the overall management of women’s health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse–Midwives and the education, training, and experience of the nurse–midwife.

(2) The nurse–midwife shall collaborate with a physician with postgraduate training in obstetrics pursuant to a written agreement with that physician.

(3) The nurse–midwife shall consult with the consulting physician regarding any complications discovered by the nurse–midwife, or refer the patient pursuant to the written agreement.

(4) Upon referral, the nurse–midwife may manage that part of the care of the patient which is appropriate to the knowledge and skills of the nurse–midwife.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.05, Register, September, 1985, No. 357, eff. 10–1–85; CR 03–009: am. Register November 2003 No. 575, eff. 12–1–2003.

N 4.07 Limitations on the scope of practice. (1) The nurse–midwife shall not independently manage those complications that require referral pursuant to the written agreement.

(2) The nurse–midwife may not perform deliveries by forceps or Caesarean section. The nurse–midwife may use vacuum extractors only in emergency delivery situations.

(3) The nurse–midwife may not assume responsibilities, either by physician–delegation or otherwise, which he or she is not competent to perform by education, training or experience.

(4) Following notification of a physician as required by s. 441.15 (4), Stats., a nurse–midwife may continue to manage the delivery when complications occur if emergency measures are required and the physician has not yet arrived.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.06, Register, September, 1985, No. 357, eff. 10–1–85; CR 03–009: am. (1) and (2) Register November 2003 No. 575, eff. 12–1–2003.

N 4.08 Licensure and exception. (1) No person may practice or attempt to practice nurse–midwifery or use the title or letters “Certified Nurse–Midwife” or “C.N.M.”, “Nurse–Midwife” or “N.M.”, or anything else to indicate that he or she is a nurse–midwife unless he or she is licensed under this chapter.

(2) Nothing in this chapter shall be construed either to prohibit or to require a license under this chapter for any person lawfully practicing professional nursing within the scope of a license granted under ch. 441, Stats.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.07, Register, September, 1985, No. 357, eff. 10–1–85; am. Register, May, 1990, No. 413, eff. 6–1–90.

N 4.09 Health care facilities where practice shall occur. A health care facility where the practice of nurse–midwifery may occur is one that has adequate equipment and personnel for conducting and monitoring the normal scope of practice and that has available methods for referral to or communication with a higher level care facility if the need arises.

(2) Deliveries may be arranged for only in a facility which has adequate sanitation, thermal regulation, staffing, communication systems and medical back–up.

(3) The above limitations do not apply to care given in emergency circumstances.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.08, Register, September, 1985, No. 357, eff. 10–1–85.

N 4.10 Malpractice insurance coverage. (1) Nurse–midwives shall maintain in effect malpractice insurance evidenced by one of the following:

(a) Personal liability coverage in the amounts specified in s. 655.23 (4), Stats.

(b) Coverage under a group liability policy providing individual coverage for the nurse–midwife in the amounts set forth in s. 655.23 (4), Stats.

(2) Notwithstanding sub. (1), malpractice insurance is not required for any of the following:

(a) A federal, state, county, city, village or town employee who practices nurse–midwifery within the scope of his or her employment.

(b) A nurse–midwife who practices as an employee of the federal public health service under 42 USC 233 (g).

(c) A nurse–midwife who does not provide care for patients.

(3) A nurse–midwife shall submit to the board satisfactory evidence that he or she has in effect malpractice insurance required by sub. (1) at the time established for credential renewal under s. 440.08 (2) (a) 50., Stats.

Note: Forms are available from the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: Emerg. cr. eff. 11–05–02; CR 03–009: cr., Register November 2003 No. 575, eff. 12–1–2003.