

CHAPTER 148I

MIDWIFERY

Referred to in §147.74, 147.76, 272C.4, 514C.12A

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148I.1 Definitions.

As used in [this chapter](#), unless the context otherwise requires:

1. “*Board*” means the board of nursing created pursuant to [chapter 147](#).
2. “*Certified nurse midwife*” or “*CNM*” means a registered nurse who holds a current, valid certification from the American midwifery certification board.
3. “*Certified professional midwife*” or “*CPM*” means a person who holds a current, valid certification with the North American registry of midwives or its successor organization.
4. “*Client*” means a person under the care of a midwife and such person’s fetus or newborn.
5. “*Licensed midwife*” means a person licensed under [this chapter](#) to practice midwifery in Iowa.
6. “*Midwife*” means a person practicing midwifery.
7. “*Midwifery*” means the practice of providing primary maternity care to a client during the preconception, antepartum, intrapartum, and postpartum periods and newborn care up to six weeks.
8. “*Midwifery bridge certificate*” or “*MBC*” means a certificate issued by the North American registry of midwives or its successor organization that documents completion of accredited continuing education for certified professional midwives based upon identified areas to address education in emergency skills and other competencies set by the international confederation of midwives.

[2023 Acts, ch 127, §4](#)

148I.2 Licensure — licensed midwifery.

1. Except as provided in [section 148I.3](#), beginning July 1, 2024, every person practicing midwifery in this state shall be licensed pursuant to [this chapter](#). The board shall adopt rules pursuant to [chapters 17A, 147, and 272C](#) establishing procedures for the licensure of new and practicing midwives.

2. Prior to obtaining a license to practice midwifery, an applicant shall meet all of the following requirements:

- a. Be at least twenty-one years old.
- b. Submit proof of a high school diploma or its equivalent.
- c. Submit proof of a current national certification as a certified professional midwife from the North American registry of midwives or its successor organization.
- d. (1) Submit proof of completion of an educational program or pathway accredited by the midwifery education accreditation council, except as otherwise provided in this paragraph.
- (2) A certified professional midwife certified before July 1, 2024, and who received certification other than through completion of an educational program or pathway described in subparagraph (1) shall obtain a midwifery bridge certificate from the North American registry of midwives or its successor organization in order to obtain licensure in Iowa.

(3) A person licensed to practice midwifery for at least two years in a state that does not require completion of an educational program or pathway described in subparagraph (1), shall obtain a midwifery bridge certificate from the North American registry of midwives or its successor organization in order to obtain licensure in Iowa.

e. Submit an application fee as prescribed by the board by rule.

3. The board may request, at the applicant’s expense, that the department of public safety perform a criminal history check and the department of health and human services perform child and dependent adult abuse record checks of the applicant. If an applicant has a criminal

record or a record of founded child or dependent adult abuse, the board shall perform an evaluation to determine whether the record warrants denial of licensure.

[2023 Acts, ch 19, §1358](#); [2023 Acts, ch 127, §5](#)

148I.3 Exceptions.

1. [This chapter](#) does not do any of the following:

a. Limit or regulate the practice of qualified members of other professions including but not limited to advanced registered nurse practitioner midwives under [chapter 152](#), advanced practice registered nurse midwives under [chapter 152E](#), or certified nurse midwives, from providing services that would constitute midwifery under [this chapter](#).

b. Apply to a person who is a member of a Native American, Mennonite, or Amish community who provides traditional midwife services to such a community.

c. Apply to a person who, in good faith, engages in the practice of the religious tenets of a church or a religious act if no fee is contemplated, charged, or received.

d. Apply to a person rendering aid in an emergency.

e. Apply to a student midwife currently enrolled in an accredited midwifery education program and providing services to clients under the direct, on-site, in-person supervision of a certified professional midwife who is licensed and registered as a preceptor with the North American registry of midwives or its successor organization.

f. Apply to an advanced registered nurse practitioner licensed under [chapter 152](#), an advanced practice registered nurse under [chapter 152E](#), or a certified nurse midwife.

2. The practice of midwifery shall not constitute the practice of medicine, certified nurse midwifery, certified midwifery, or emergency medical care to the extent that a midwife advises, attends, or assists a person during pregnancy, labor, childbirth, or the postpartum period.

[2023 Acts, ch 127, §6](#)

Referred to in [§148I.2](#)

148I.4 Board — rules.

1. The board shall adopt rules consistent with [this chapter](#) and [chapter 147](#) which are necessary for the performance of the board's duties. The rules shall do all of the following:

a. Regulate the practice of midwifery based on rules established by the national association of certified professional midwives and the North American registry of midwives or its successor organization.

b. Define professional and unprofessional conduct.

c. Permit a licensee to obtain appropriate screening and testing for clients, including but not limited to laboratory tests and ultrasounds.

d. Permit a licensee to obtain and administer all of the following during the practice of midwifery:

(1) Antihemorrhagic agents including but not limited to oxytocin, misoprostol, and methylergonovine.

(2) Intravenous fluids for stabilization of the laboring person.

(3) Neonatal injectable vitamin K.

(4) Newborn antibiotic eye prophylaxis.

(5) Oxygen.

(6) Intravenous antibiotics for group B streptococcal antibiotic prophylaxis.

(7) Rho (D) immune globulin.

(8) Local anesthetic.

(9) Epinephrine.

(10) Other drugs consistent with the practice of certified professional midwifery, as approved by the board.

e. Permit a licensee to administer a drug prescribed by a licensed health care provider for a client of a licensee.

f. Prohibit a licensee from using forceps or a vacuum extractor.

g. Require a licensee to develop a written plan for the consultation, collaboration,

emergency transfer, and transport of the birthing client and newborn when necessary, and to submit that plan to the board.

h. Require a licensee to provide each client with, and maintain a record of, a signed consent form that describes the licensee's qualifications, a copy of the licensee's emergency plan, whether the licensee carries professional liability insurance and a copy of the licensee's professional liability insurance, if any, and the benefits and risks of birth in the client's setting of choice.

i. Require a licensee to report client data to the department of health and human services, the midwives alliance of North America statistics registry, the American association of birth centers perinatal data registry, or other similar databases, and to verify the submission of such data with the board.

j. Adopt continuing education requirements consistent with those required by the North American registry of midwives or its successor organization.

k. Establish requirements for peer review.

l. Require a licensee to file a birth certificate for each birth.

m. Establish an annual license fee.

n. Require a licensee to comply with [sections 136A.5](#) and [136A.5A](#).

2. The board shall not adopt rules that do any of the following:

a. Permit a licensee to order or administer narcotic drugs.

b. Limit the location where a licensee may practice midwifery.

c. Require a licensee to practice under the supervision of or under a collaborative practice agreement with another health care provider.

3. The board shall adopt rules requiring a licensee to consult with a licensed physician or certified nurse midwife according to the appropriate standard of care for high-risk pregnancies and births in the United States. Such rules shall not require an in-hospital birth due merely to a consultation and shall, to the greatest degree medically responsible, allow a licensee to maintain care of a client according to the client's wishes.

[2023 Acts, ch 127, §7](#)

148I.5 Liability — limitation.

A health care provider accepting a transfer of a client from a licensed midwife shall not be civilly or criminally liable for outcomes arising from actions or omissions of the licensed midwife.

[2023 Acts, ch 127, §8](#)

148I.6 Use of title — penalty.

A person shall not use the title "licensed midwife", or describe or imply that the person is a licensed midwife, or represent that person as a licensed midwife unless the person is licensed under [this chapter](#).

[2023 Acts, ch 127, §9](#)

148I.7 Midwifery advisory council.

1. A midwifery advisory council is established. The board shall appoint members of the council, including four members who are certified professional midwives eligible for licensure under [this chapter](#); one member who is licensed under [chapter 148](#) and is certified by the American college of obstetrics and gynecology; one member who is a certified nurse midwife; and one member who is not a licensed midwife or a licensed health care provider and who shall represent the general public.

2. Members of the council shall serve for terms of four years. Vacancies on the council shall be filled for the remainder of the term of the original appointment. Members whose terms expire may be reappointed.

3. The council shall advise the board regarding licensure and continuing education requirements, standards of practice, professional ethics, disciplinary actions, and other issues relating to midwifery.

[2023 Acts, ch 127, §10](#)