



NURSING PRACTICE COMMITTEE MEETING

**Bakersfield Marriott at the
Convention Center Salon A
801 Truxtun Avenue
Bakersfield, CA 93301
(661) 323-1900**

October 17, 2019

AGENDA

**THIS MEETING WILL IMMEDIATELY FOLLOW THE CONCLUSION OF
THE INTERVENTION/DISCIPLINE COMMITTEE MEETING**

Thursday, October 17, 2019

10.0 Call to Order/Roll Call /Establishment of a Quorum/Approval of Minutes

10.0.1 Review and Vote on Whether to Approve Previous Meeting's Minutes:

➤ August 15, 2019

10.1 Discussion and Possible Action: The proposal is to recommend to the Board an amendment to the Nursing Practice Act, specifically Business & Professions Code sections 2746.51 and 2746.52 that would allow certified Nurse-Midwives to (1) procure certain supplies and medications, and (2) perform and repair episiotomies in the home setting.

10.2 Public Comment for Items Not on the Agenda; Items for Future Agendas

Note: The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Gov. Code, §§ 11125, 11125.7, subd. (a)).

10.3 Adjournment

NOTICE:

All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board's Web Site at <http://www.rn.ca.gov>. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov, or send a written request to the Board of Registered Nursing at 1747 N. Market Blvd., Ste. 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297). Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation. Board members who are not members of this committee may attend meetings as observers only and may not participate or vote. Action may be taken on any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a quorum.



**NURSING PRACTICE
COMMITTEE MEETING
MINUTES**

DRAFT

DATE: August 15, 2019

START TIME: 1:47pm

MAIN LOCATION: Stanford University
Frances C. Arrillaga
Alumni Center
326 Galvez Street
Stanford, CA 94305
(650) 723-2021

MEMBERS PRESENT: Elizabeth Woods, RN, FNP-Chair
Michael Deangelo Jackson, MSN, RN, CEN, MICN
Trande Phillips, RN

STAFF MEMBERS PRESENT: Janette Wackerly, MBA, BSN, RN,
Supervising Nursing Education Consultant
Liaison-Nursing Practice Committee

EXECUTIVE OFFICER: Dr. Joseph Morris, PhD, MSN, RN

10.0 Call to Order/Roll Call/Establishment of a Quorum

PRESENT: Janette Wackerly, MBA, BSN, RN,
Supervising Nursing Education Consultant
Liaison-Nursing Practice Committee

ABSENT: None

10.0.1 Review and Vote on Whether to Approve Previous Meeting's Minutes:

➤ March 14, 2019

MOTION: **To Accept:** Michael Jackson, MSN, RN, CEN, MICN

SECOND: Elizabeth Woods, RN, FNP-Chair

VOTE: **EW: Yes** **MJ: Yes** **TP: Yes**

PUBLIC COMMENT: None

10.1 Discuss and Possible Action for Consideration of the Appointment to the Nurse-Midwifery Committee.

(3) Secure clinical preceptors who meet board requirements;
(4) Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);

(5) A clinical preceptor in the nurse practitioner education program shall:

(a) Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.

(b) Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.

(c) Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.

(d) Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;

(e) Be evaluated by the program faculty at least every two (2) years.

Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor's role to teach, supervise and evaluate students in the nurse practitioner education program.

(b) Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.

(c) The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations.

(1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, “Nurse Practitioners” and California Code of Regulations Title 16, Division 14, Article 7, “Standardized Procedure Guidelines” and Article 8, “Standards for Nurse Practitioners”, including, but not limited to:

(A) Section 2835.7 of Business & Professions Code, “Additional authorized acts; implementation of standardized procedures”;

(B) Section 2836.1 of Business & Professions Code, “Furnishing or ordering of drugs or devices”.

(d) The nurse practitioner education program shall notify the board of pertinent changes within 30 days.

(e) The board may withdraw authorization for program clinical placements in California, at any time.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code.

HISTORY

1. New section filed 1-15-2019; operative 1-15-2019 pursuant to Government Code section 11343.4(b)(3) (Register 2019, No. 3). This database is current through 3/22/19 Register 2019, No. 12 16 CCR § 1486, 16 CA ADC § 1486

MOTION:

Elizabeth Woods, RN, FNP-Chair: Begin the process of collecting information for regulation of Nursing Programs.

SECOND:

Trande Phillips, RN

VOTE:

EW: Yes

MJ: Yes

TP: Yes

PUBLIC COMMENT:

None

10.3

Public Comment for Items Not on the Agenda; Items for Future Agenda

PUBLIC COMMENT:

Garrett Chan

10.4

Adjournment

Adjournment at 2:04 p.m.

SUBMITTED BY:	SIGNATURE:	DATE:
APPROVED BY:	SIGNATURE:	DATE:

BOARD OF REGISTERED NURSING
Nursing Practice Committee
Agenda Item Summary

AGENDA ITEM: 10.1
DATE: October 17, 2019

ACTION REQUESTED: **Discussion and Possible Action:** The proposal is to recommend to the Board an amendment to the Nursing Practice Act, specifically Business & Professions Code sections 2746.51 and 2746.52 that would allow certified Nurse-Midwives to (1) procure certain supplies and medications, and (2) perform and repair episiotomies in the home setting.

REQUESTED BY: BJ Snell, PhD, RN, CNM

BACKGROUND:

Background information for proposal to amend Nursing Practice Act r/t nurse-midwifery

Issue 1: Episiotomy and repair of lacerations in the home/community setting:

The practice of nurse-midwifery continues to change commensurate with current knowledge, evidence-based practice and health care evolution. In California from the initial enabling legislation (1974) nurse-midwifery practice included the practice of episiotomy and repair of lacerations. The BRN regulations for nurse-midwifery education have always required didactic teaching of and clinical experience under preceptor guidance for students to learn episiotomy and repair. In 1995 The Attorney General was asked, ‘May a nurse-midwife perform an episiotomy pursuant to standardized procedure?’ The conclusion rendered was, ‘A nurse-midwife may not perform an episiotomy pursuant to a standardized procedure. Following the ruling there was legislation passed in 1996 to specifically allow nurse-midwives to perform episiotomy and repair first and second-degree laceration under standardized procedure. Hospitals and birth centers were specifically named in the legislation. At that time there was no recognition of the home setting. The practice of nurse-midwifery included care in the home and there was never any advisement from the Board that episiotomy and repair were only allowed in the hospital and birth center setting. The fact that the ‘home location’ was not identified in the statute became a concern with an investigation of case where repair of laceration was completed in the home. The issue related to repair of laceration was that the nurse-midwife did not have a Standardized Procedure as required by law. There has been concern that even with Standardized Procedure a nurse-midwife performing episiotomy or repair of laceration in the home setting could be in jeopardy of investigation. A copy of the administrative ruling in the Noble case is attached for reference.

Home birth is part of nurse-midwifery practice. Episiotomy and repair of lacerations has been codified as within the scope of practice of a nurse-midwife using Standardized Procedure. There is a large patient safety component related to this issue. Any tissue tear or purposeful incision of the skin such as episiotomy will create bleeding. Delay of repair is a patient safety concern. The knowledge and skill ability to repair an episiotomy or laceration is not different based on the location of the patient.

Due to the concern of the nurse-midwifery community about the absence of identification of the home setting in the 1996 statute we request that the Board seek clarification by amending the statute to include the home/community setting.

Issue 2: Procurement of supplies and medications

The practice of nurse-midwifery includes the ability to obtain prescription medications and devices along with supplies for the care of women and newborns. With the increasing trend of women requesting nurse-midwifery care and out of hospital childbirth there is a need to be able to procure medications and supplies that are needed for patient care. In California nurse-midwives can order, administer and dispense medications but do not have the statutory authority to procure. In 2011 the largest provider of supplies, medications and devices in the United States, McKesson pharmaceuticals, sent letters to their sales managers informing them that they could not provide medications directly to nurse-midwives (see attached). Since the letter was released the state of Hawaii has changed their statute to allow nurse-midwives the ability to directly procure medications, devices and supplies. This leaves California as the only state that does not have provision for nurse-midwives to procure.

Licensed midwives have the ability to procure supplies related to women's health care and childbirth on their own license. Nurse-midwives must have a physician set up the account so that a nurse-midwife can garner the medications, devices and supplies to provide care. In the current environment in California, it is difficult and sometimes impossible to have a physician who will provide the signature for these accounts. Physicians that sign any document for a nurse-midwife imply that they are the supervisor of the practice. Current California liability insurers preclude physicians to supervise nurse-midwives unless the nurse-midwife is an employee.

Due to the concern of the nurse-midwifery community about patient safety, there is a request to have the statute amended to allow procurement of needed medications, devices and supplies in an independent nurse-midwifery practice.

RESOURCES:

NEXT STEPS: Board

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant
Phone: 916-574-7686
Email: janette.wackerly@dca.ca.gov

TO BE PUBLISHED IN THE OFFICIAL REPORTS

OFFICE OF THE ATTORNEY GENERAL
State of California

DANIEL E. LUNGREN
Attorney General

OPINION	:	
	:	No. 94-1011
of	:	
	:	July 31, 1995
DANIEL E. LUNGREN	:	
Attorney General	:	
	:	
ANTHONY S. Da VIGO	:	
Deputy Attorney General	:	
	:	

THE HONORABLE DANIEL E. BOATWRIGHT, MEMBER OF THE CALIFORNIA STATE SENATE, has requested an opinion on the following question:

May a nurse-midwife perform an episiotomy pursuant to a standardized procedure?

CONCLUSION

A nurse-midwife may not perform an episiotomy pursuant to a standardized procedure.

ANALYSIS

Under provisions of the Nursing Practice Act (Bus. & Prof. Code, §§ 2700-2837; "Act")¹ the Board of Registered Nursing ("Board") issues certificates to practice nurse-midwifery to persons licensed under the Act who are specially qualified (§§ 2746-2746.8). The practice of nurse-midwifery² is defined in section 2746.5 as follows:

¹Unidentified section references hereafter are to the Business and Professions Code.

²This opinion concerns the practice of nurse-midwifery, as distinguished from the practice authorized under the Licensed Midwifery Practice Act of 1993 (§§ 2505-2521).

"The certificate to practice nurse-midwifery authorizes the holder, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the new-born.

"As used in this chapter, the practice of nurse-midwifery constitutes the furthering or undertaking by any certified person, under the supervision of a licensed physician and surgeon who has current practice or training in obstetrics, to assist a woman in childbirth so long as progress meets criteria accepted as normal. All complications shall be referred to a physician immediately. The practice of midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version.

"As used in this article, 'supervision' shall not be construed to require the physical presence of the supervising physician.

"A nurse-midwife is not authorized to practice medicine and surgery by the provisions of this chapter."³

In 62 Ops.Cal.Atty.Gen. 225 (1979), we concluded that section 2746.5 did not authorize a nurse-midwife to perform episiotomies (a small surgical incision of the perineum to allow a greater opening through which the baby emerges) under the direction of a physician. Whether a nurse-midwife may do so pursuant to a standardized procedure was expressly left undetermined. (*Id.*, at pp. 228-229 ["Whether certified nurse-midwives . . . may perform episiotomies . . . under standardized procedures within the meaning of sections 2725 and 2726 involves separate issues that are not addressed in this opinion"].) We now address that question.

Section 2725 describes "standardized procedures" as follows:

"In amending this section at the 1973-74 session, the Legislature recognizes that nursing is a dynamic field, the practice of which is continually evolving to include more sophisticated patient care activities. It is the intent of the Legislature in amending this section at the 1973-74 session to provide clear legal authority for functions and procedures which have common acceptance and usage. It is the legislative intent also to recognize the existence of overlapping functions between physicians and registered nurses and to permit additional sharing of functions within organized health care systems which provide for collaboration between physicians and registered nurses. Such organized health care systems include, but are not limited to,

³The provision of "prenatal, intrapartum, and postpartum care" at childbirth constitutes the practice of medicine. (*Northrup v. Superior Court* (1987) 192 Cal.App.3d 276, 280.) Thus the last sentence of section 2746.5 must be construed to prohibit the practice of medicine other than as permitted in the statute itself or by some other provision of law. (See *Magit v. Board of Medical Examiners* (1961) 57 Cal.2d 74, 83; 67 Ops.Cal.Atty.Gen. 122, 126-127 (1984).)

health facilities licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, clinics, home health agencies, physicians' offices, and public or community health services.

"The practice of nursing within the meaning of this chapter means those functions, including basic health care, which help people cope with difficulties in daily living which are associated with their actual or potential health or illness problems or the treatment thereof which require a substantial amount of scientific knowledge or technical skill, and includes all of the following:

".....

"(d) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (1) determination of whether such signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics; and (2) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.

"Standardized procedures,' as used in this section, means either of the following:

"(1) Policies and protocols developed by a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code through collaboration among administrators and health professionals including physicians and nurses;

"(2) Policies and protocols developed through collaboration among administrators and health professionals, including physicians and nurses, by an organized health care system which is not a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code. Such policies and protocols shall be subject to any guidelines for standardized procedures which the Division of Allied Health Professions of the Medical Board of California and the Board of Registered Nursing may jointly promulgate; and if promulgated shall be administered by the Board of Registered Nursing.

"Nothing in this section shall be construed to require approval of standardized procedures by the Division of Allied Health Professions of the Medical Board of California or the Board or Registered Nursing."⁴

⁴Section 2726, also referenced in our 1979 opinion, states: "Except as otherwise provided herein, this chapter confers no authority to practice medicine or surgery."

An applicant for a certificate to practice nurse-midwifery must, as noted at the outset, initially be licensed by the Board as a registered nurse in addition to complying with all the provisions, including educational prerequisites, established by the Board for certification as a nurse-midwife. (§§ 2746, 2746.1, 2746.2.) Accordingly, the provisions of section 2725, subdivision (d), pertaining to standardized procedures, are fully applicable to certified nurse-midwives. (See, e.g., § 2746.51 [furnishing of drugs or devices under standardized procedure]; see also Cal. Code Regs., tit. 16, § 1463.)⁵

As authorized by section 2725, subdivision (d)(2), the Board, in conjunction with the Medical Board of California, has promulgated guidelines (Regs. 1470-1474) for the adoption of standardized procedures in clinics, home health agencies, physicians' offices, and public or community health services.⁶ Regulation 1474, subdivision (b), provides:

"Each standardized procedure shall:

"(1) Be in writing, dated and signed by the organized health care system personnel authorized to approve it.

"(2) Specify which standardized procedure functions registered nurses may perform and under what circumstances.

"(3) State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.

"(4) Specify any experience, training, and/or education requirements for performance of standardized procedure functions.

"(5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.

"(6) Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.

"(7) Specify the scope of supervision required for performance of standardized procedure functions. . . .

⁵Unidentified regulation references hereafter are to title 16 of the California Code of Regulations.

⁶These are "organized health care systems" that are not health facilities licensed under Health and Safety Code section 1253. We are informed that 98 percent of the births attended by nurse-midwives during 1993 took place in licensed health facilities, such as hospitals, which would not be subject to the Board's guidelines. Nevertheless, we view the guidelines as helpful in determining the scope of the policies and protocols in question.

"(8) Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.

"(9) State the limitations on settings, if any, in which standardized procedure functions may be performed.

"(10) Specify patient record keeping requirements.

"(11) Provide for a method of periodic review of the standardized procedures."

Regulation 1472 provides that a registered nurse may perform standardized procedure functions only under the conditions specified in a health care system's standardized procedures, and must provide the system with satisfactory evidence that the nurse meets its experience, training, and/or education requirements to perform such functions.

In our 1979 opinion, we concluded that a nurse-midwife could not perform an episiotomy because it "requires the severance of tissue and is therefore a surgical procedure" involving "the use of scissors or scalpel . . . an artificial and mechanical means of assisting childbirth within the meaning of section 2746.5." (62 Ops.Cal.Atty.Gen., *supra*, 228.) Section 2746.5 expressly states: "The practice of midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version."⁷ May a standardized procedure adopted under the general grant of authority of section 2725, subdivision (d), authorize a nurse-midwife to perform what the Legislature has declared a nurse-midwife may not perform in the practice of midwifery?

In resolving this question, we may rely upon well established rules of statutory construction. "The words of the statute must be construed in context, keeping in mind the statutory purpose, and statutes or statutory sections relating to the same subject must be harmonized, both internally and with each other, to the extent possible." (*Walnut Creek Manor v. Fair Employment & Housing Com.* (1991) 54 Cal.3d 245, 268.) "A statute must be construed 'in the context of the entire statutory system of which it is a part, in order to achieve harmony among the parts.' [Citation.]" (*People v. Woodhead* (1987) 43 Cal.3d 1002, 1009.) "[W]hen a special and a general statute are in conflict, the former controls. (Code Civ. Proc., § 1859.) "[T]he special act will be considered as an exception to the general statute whether it was passed before or after such general enactment." [Citations.]" (*Agricultural Labor Relations Bd. v. Superior Court* (1976) 16 Cal.3d 392, 420.)

The provisions of section 2725 regarding standardized procedures must be read in light of the express limitations of section 2746.5. The general terms of the former may not be interpreted as granting authority to adopt policies and protocols allowing what the latter forbids. Such construction gives meaning to each of the statutes and harmonizes the provisions of the Act as a whole.

⁷"Version" is "the manual operation of turning a fetus in the uterus to aid delivery." (Webster's Third New Internat. Dict. (1971) p. 2545.)

We recognize that since our 1979 opinion, the Board has administratively construed section 2746.5 as including the performance of episiotomies within practice of nurse-midwifery. In 1988 it determined that an episiotomy was part of a "normal childbirth" and "progress [meeting] criteria accepted as normal" rather than involving "complications" and did not constitute "the assisting of childbirth by any artificial, forcible, or mechanical means."⁸ Moreover, episiotomies are part of the nurse-midwifery curriculum. (Reg. 1462, subd. (b)(4)(B).)⁹ As a consequence, episiotomies are now commonly performed by nurse-midwives, both in California as well as nationally.

Nevertheless, we find no basis for concluding that the use of scissors or a scalpel to make a surgical incision is anything other than "the assisting of childbirth by any artificial, forcible, or mechanical means." We believe that the Legislature has used clear and unambiguous terms in section 2746.5 with respect to whether a nurse-midwife may perform surgery. If episiotomies are to be performed by nurse-midwives, the language of section 2746.5 requires amendment; neither this office nor the Board may rewrite the statute. (See *Wells Fargo Bank v. Superior Court* (1991) 53 Cal.3d 1082, 1097 ["... courts are no more at liberty to add provisions to what is therein declared in definite language than they are to disregard any of its express provisions".].)

In answer to the question presented, therefore, we conclude that a nurse-midwife may not perform an episiotomy pursuant to a standardized procedure.

* * * * *

⁸However, it is to be presumed that the Legislature was aware of our 1979 opinion and if our conclusion were contrary to its intent, some corrective measure would have been adopted with respect to the language of section 2746.5. (See *Calif. Assn. of Psych. Providers v. Rank* (1990) 51 Cal.3d 1, 17; 71 Ops.Cal.Atty.Gen. 39, 44 (1988).)

⁹The Board may of course require that the curriculum for nurse-midwifery include subjects outside the scope of practice. (Cf., *Cleveland Chiropractic College v. State Bd. of Chiropractic Examiners* (1970) 11 Cal.App.3d 25, 43 ["... there is certainly nothing in the law which prohibits ... requiring that prospective chiropractors be instructed in areas which are beyond the scope of the chiropractor's competence".].)

Dear Sales Managers,

In order to ensure that MMS remains compliant with changing state and federal regulations regarding the distribution of controlled substances, prescription drugs, and prescription devices; a regular review is conducted. The most recent review of all statutes for our customer base has resulted in some changes. In general these changes affect the mid-level practitioners (i.e. RN, PA, NP, etc.). The changes differ by state and specialty and are at the sole discretion of the state(s) ☐ not McKesson. We understand this will create some inconvenience and may affect certain customers more than others. However, this is unavoidable if we are to avoid disciplinary action, fines, and/or loss of licensure within the states.

Please inform your sales team that in the state of California & Hawaii, a Nurse Practitioner/Nurse Midwife will no longer be able to purchase prescription drugs and devices and a Registered Nurse will no longer be able to purchase prescription devices in California. The customer will need a licensed medical doctor to continue purchasing these items. Attached are a list of the accounts in question that we have identified and the particular statute/regulation within the states of California & Hawaii. This can be used to explain the reasoning. If the customer believes we are taking this action in error after reviewing the statute/regulation, please let us know per account. This will allow us to investigate the issue with the assistance of other resources.

We appreciate your continued support and would be happy to answer any questions or concerns.

Mike Coombs

Account Manager

McKesson Medical-Surgical

Cell 619.993.9853

January 25, 2019

Board of Registered Nursing Board of Directors
1747 N Market Blvd, Ste 150
Sacramento, CA 95834

RE: Scope of Practice of Certified Nurse-Midwives in the Out of Hospital and Home Setting

Dear Board of Directors:

Thank you so much for your support of women and families. As an affiliate of the American College of Nurse-Midwives (ACNM), the California Nurse-Midwives Association (CNMA) strives to facilitate the integration of nurse-midwives into the health care system of California and promote legislation and regulations supportive of maternal child health and nurse-midwifery practices in California. We honor the work you do to ensure the safety and protection of the California public.

We are writing today regarding the maternal health care crisis currently faced by women and children in California. 9 of 58 counties in California do not currently have access to an obstetrician. The scarcity of healthcare providers is compounded when those resources are misappropriated and used inefficiently. Given the above, the CNMA Health Policy Committee calls upon the California Board of Registered Nursing's Board of Directors to introduce and support legislation and policies allowing Certified Nurse-Midwives to perform and repair episiotomies, repair first and second-degree lacerations, and procure medications in the home birth and out of hospital birth setting.

The appropriate use of episiotomies, which should be reserved for instances of severe fetal distress, can and does save infant lives, and nurse-midwives should not be prevented from performing this procedure in the home birth setting. Legislating against access to this procedure in any setting poses a risk of death and injury to vulnerable infants. In addition, first and second-degree perineal lacerations are common, and as many as half of all women will experience at least a first-degree laceration while giving birth.

Certified nurse-midwives are trained, licensed, and qualified to perform each of these procedures independently. Transporting women to the emergency department for repair of lacerations and episiotomies increases healthcare costs, misuses valuable emergency services, and forces the unnecessary separation of the mother from her newborn, thereby increasing the risk of breastfeeding difficulty and failure, unnecessary supplementation with formula, postpartum depression, and ineffective bonding.

Medications can be critical in childbirth, and should be available in all birth settings, regardless of where birth takes place. Preventing CNMs from being able to procure these drugs increases the risk to women who choose to give birth in the out of hospital setting. It is essential that women have access to lifesaving medications and emergency care by their midwives while awaiting transport to a hospital facility.

Once again, we are grateful for the work you do. We look forward to working together to improve access to essential maternity care and improve outcomes for the most vulnerable patients in California—pregnant women and their unborn children.

Respectfully,

Paris Maloof-Bury, MSN, CNM, RNC-OB, IBCLC
Member, Health Policy Committee, California Nurse-Midwives Association

Holly Smith, MPH, CNM
Chair, Health Policy Committee, California Nurse-Midwives Association

Kathleen Belzer, CNM
President, California Nurse-Midwives Association