

**California College of Midwives**  
State chapter ~ American College of Community Midwives

**Section One**

**Professional Relationships & Responsibilities**

 Note: The following categories are general definitions of professional relationships and responsibilities between midwives and other healthcare practitioners. They are independent from the topic of physician supervision as mandated by the LMPA.

**A. Consultation** is the process by which a licensed midwife, who maintains primary management responsibility for the woman's care, seeks the advice of another health care professional or member of the health care team. These discussions may occur in person, by electronic communication or by telephone and may include other professional midwives as well as physicians and specialists in other healthcare disciplines.

**B. Informal peer review with another licensed midwife:** When significant concern about the well-being of mother and/or baby arises from an identified risk, variation or deviation from norm or a potential complication, the licensed midwife shall, if possible, initiate a discussion with another experienced midwife or a physician familiar with home-based birth services in order to discuss the relevant options and plan care appropriately.

**C. Formal peer review:** Some consultative situations are encountered frequently by midwives and lend themselves to peer group policies made beforehand by the professional midwives who regularly attend a formal peer review, by or other experienced midwives and/or physicians who regularly confer with one another, either by phone or in person.

1. These specific recommendations should be memorialized in writing in the peer review attendance log, a journal, or other form of documentation specific to the peer review process.
2. Whenever a peer group or experienced midwife's recommendations apply to a client's specific circumstance, the primary care licensed midwife need not consult with another professional again unless there are new or additional factors. Peer review recommendations resulting in specific decisions or actions should be documented in the client's chart.

**D. Collaboration** is the process in which a midwife and a health care practitioner of a different profession jointly manage the care of a woman or newborn who needs joint care, such as one who has become medically complicated. The scope of collaboration may encompass the physical care of the client, including delivery by the midwife, according to a mutually agreed-upon plan of care. If a physician must assume a dominant role in the care of the client due to increased risk status, the midwife may continue to participate in physical care, counseling, guidance, teaching, and support.

Effective communication between the midwife and the health care professional is essential to ongoing collaborative management.

**E. Referral** is the process by which a licensed midwife recommends that the client obtain evaluation or health care from another professional. When medical care is required, the client must be referred to a physician or a mid-level practitioner working in association with a licensed physician. The client and the physician or physician associate shall determine whether subsequent care shall be provided by the physician or associate, referred back to the licensed midwife, or provided through collaboration between the licensed midwife and the physician or mid-level practitioner.

1. The client may decline a referral to a physician or physician associate or, after medical evaluation, may decline the advice of a physician or associate. Such a decline of medical care shall be documented in writing; the licensed midwife may then continue to care for the client according to her own policies and guidelines and the standards and guidelines for California licensed midwives.

**F. Transfer to medical care:** Due to a serious medical condition of the client, the fetus, or the client's newborn, the licensed midwife relinquishes primary care under non-urgent circumstances to a physician or mid-level practitioner working in association with a licensed physician who has current obstetric or pediatric knowledge.

1. If the licensed midwife is unable to transfer to a health care professional, the client will be transferred to the nearest appropriate health care facility. The licensed midwife shall attempt to contact the facility and continue to provide care as indicated by the situation.
2. If a client elects not to accept a medically necessary transfer of care, the licensed midwife shall terminate the midwife-client relationship.

**G. Transport for immediate, urgent, or emergent medical care:** In the event that immediate medical evaluation or medical intervention is necessary, the licensed midwife and/or the client family shall initiate a transportation process for mother and/or neonate. When time rather than care is the most critical factor, expedited transport may be achieved via privately owned vehicle. If medical services are required en route to the hospital, an ambulance or EMT-staffed paramedic vehicle should transport the mother or baby to a medical facility equipped and staffed to provide acute medical care.

1. If emergency transport is required during labor, delivery, or the immediate postpartum/neonatal period and the client refuses, the licensed midwife shall call 911 and provide further care as indicated by the situation.
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