MA - Board of Registration in Midwifery Meeting (10/16/2025)

- Approval of agenda
- Approval of Sept meeting minutes

Clarifications from previous meeting

- Diane clarified something from last meeting about a question about how “low risk” applies in and out of pregnancy. Clarification - licensed CPMs have the ability to work with persons in the pre-conception period and outside pregnancy, but are limited to working with “low risk” clients during the partum period (antepartum, intrapartum, postpartum).
- Zev had a question from last meeting about “who decides” when it comes to low risk. Diane reports that the Public Health County Commissioner, who could theoretically overrules the board’s decisions, but conversation ends with Diane stating it is the board that constitutes what low risk is.
- Conversation about how public comment will be received and reviewed by the board.

Discussing CMR 3.00 and addition of shield law: new section 3.08 Legally protected health care activity

- As long as you are providing services while in Mass under your license, another state jurisdiction cannot take disciplinary action on that midwife

Sharon Pagnano, Lila Bhattarai, Jennifer Raymond, and Alex Forman from the Registry of Vital Records join the meeting, as there is hope for CPMs to become more integrated in the online Maverick system for birth certificate filing.

- Will not be launched for at least a year
- Discussion on social security, how to make that process for clients more streamline, vital records reports that that is the state’s contract with social security
- Will have a working team between vital records and CPMs (potentially with NACPM) for collaboration
- Will still need notarized document, marriage certificate, proof of residency

Discussing CMR 5.00 - section 5.06

- Discussing the educational requirements for full formulary access, providing gender affirming care, and MVA (manual vacuum aspiration)
- Currently the regulations state that the requirement for pharmacology is a semester long course that would require a passing grade of 80% or higher
    - Some concern that a semester long course may be a financial barrier for midwives which will ultimately limit scope
    - Recommendation for the addition of “or a certain number of CEUs”
    - Zev makes suggestion that it states something like per “NACPM expanded scope guidelines”
    - The gender affirming care educational requirements will be something similar to the above.

- MVA has current educational requirements, not to provide termination of pregnancy care >14 weeks gestation

Discussion about 42 vs 43 weeks gestation to be required to recommend transfer, board voted, the vote was to change 43 weeks to 42 weeks gestation to be required to recommend transfer.

- 42 weeks midwives will be required to recommend transfer as a part of their informed choice discussion

Discussion about VBAC: Anna MFM would like to have the midwives making the recommendation for a higher level care physician consult for all VBAC clients. After discussion, changed to recommend consult with higher level physician

- Changed to one or more prior cesarean births, midwives will be required to recommend a higher level care physician consult ("shall provide verbal and written information advising clients of any increased risks, benefits of collaborative care with a medical practitioner and assist with making recommended arrangements for an appropriate consulting evaluation to a higher level care physician")

Discussion about substance use. Rebecca makes the point that midwives do not usually work with families that are currently using, however, will work with families that are in recovery.

Added "active substance use at greater than 34 weeks gestation" to transfer of care recommendations

Discussed hypertension -

- Zev would like it to be written in the transfer of care section, it is currently in the consult section. Jessica would like to keep it in the consult section.
    - Decision is to leave it in the consult section but to have a clinical guideline written.

Board did not vote on scope of practice. Will take up vote at next meeting on scope.

Board will begin review and discuss 274 CMR 7.00 Investigations, Complaints and Board Actions.

Board adjourned.

Next meeting November 20, 2025 at 10 am. Virtual meeting.