§ 90-178.2. Definitions.

The following definitions apply in this Article:

(1) Certified Nurse Midwife. – A nurse licensed and registered under Article 9A of this Chapter who has completed a midwifery education program accredited by the Accreditation Commission for Midwifery Education, or its successor, passed a national certification examination administered by the American Midwifery Certification Board, or its successor, and has received the professional designation of "Certified Nurse Midwife" (CNM). Certified Nurse Midwives practice in accordance with the Core Competencies for Basic Midwifery Practice, the Standards for the Practice of Midwifery, the Philosophy of the American College of Nurse-Midwives (ACNM), and the Code of Ethics promulgated by the ACNM.

(1a) Collaborating provider. – A physician licensed to practice medicine under Article 1 of this Chapter for a minimum of four years and has a minimum of 8,000 hours of practice and who is or has engaged in the practice of obstetrics or a Certified Nurse Midwife who has been approved to practice midwifery under this Article for a minimum of four years and 8,000 hours.

(1b) Collaborative provider agreement. – A formal, written agreement between a collaborating provider and a Certified Nurse Midwife with less than 24 months and 4,000 hours of practice as a Certified Nurse Midwife to provide consultation and collaborative assistance or guidance.

(1c) "Interconceptional care" includes, but is not limited to, the following:

a. Gynecologic care, family planning, perimenopause care, and postmenopause care.
b. Screening for cancer of the breast and reproductive tract.
c. Screening for and management of minor infections of the reproductive organs.

(2) Intrapartum care. – Care that focuses on the facilitation of the physiologic birth process and includes, but is not limited to, the following:

a. Confirmation and assessment of labor and its progress.
b. Identification of normal and deviations from normal and appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies.
b1. Management of spontaneous vaginal birth and appropriate third-stage management, including the use of uterotonics.
c. Performing amniotomy.
d. Administering local anesthesia.
e. Performing episiotomy and repair.
f. Repairing lacerations associated with childbirth.

(3) Midwifery. – The act of providing prenatal, intrapartum, postpartum, newborn and interconceptional care. The term does not include the practice of medicine by a physician licensed to practice medicine when engaged in the practice of medicine as defined by law, the performance of medical acts by a physician assistant or nurse practitioner when performed in accordance with the rules of the North Carolina Medical Board, the practice of nursing by a registered nurse engaged in the practice of nursing as defined by law, or the performance of abortion, as defined in G.S. 90-21.81.

(4) Newborn care. – Care that focuses on the newborn and includes, but is not limited to, the following:

a. Routine assistance to the newborn to establish respiration and maintain thermal stability.
b. Routine physical assessment including APGAR scoring.
c. Vitamin K administration.
d. Eye prophylaxis for opthalmia neonatorum.
e. Methods to facilitate newborn adaptation to extrauterine life, including stabilization, resuscitation, and emergency management as indicated.

(5) Postpartum care. – Care that focuses on management strategies and therapeutics to facilitate a healthy puerperium and includes, but is not limited to, the following:
a. Management of the normal third stage of labor.
b. Administration of uterotonics after delivery of the infant when indicated.
c. Six weeks postpartum evaluation exam and initiation of family planning.
d. Management of deviations from normal and appropriate interventions, including management of complications and emergencies.

(6) Prenatal care. – Care that focuses on promotion of a healthy pregnancy using management strategies and therapeutics as indicated and includes, but is not limited to, the following:
a. Obtaining history with ongoing physical assessment of mother and fetus.
b. Obtaining and assessing the results of routine laboratory tests.
b1. Confirmation and dating of pregnancy.
c. Supervising the use of prescription and nonprescription medications, such as prenatal vitamins, folic acid, and iron. (1983, c. 897, s. 1; 1995, c. 94, s. 30; 2023-14, s. 4.3(b); 2023-79, s. 2(a), (b).)