

Massachusetts Board of Registration in Nursing
Advisory Ruling on Nursing Practice

Title: Certified Nurse Midwives and Certified Nurse Practitioners as Providers of Abortion for Pregnancies of Less than 24 weeks.

Advisory Ruling Number: 21-02

Authority:

The Massachusetts Board of Registration in Nursing (Board) is created and authorized by Massachusetts General Laws (M.G.L.) c. 13, §§ 13, 14, 14A, 15 and 15D, and G.L. c. 112, §§ 74 through 81C to protect the health, safety, and welfare of the citizens of the Commonwealth through the regulation of nursing practice and education. In addition, M.G.L. c. 30A § 8 authorizes the Board to make advisory rulings with respect to the applicability to any person, property or state of facts of any statute or regulation enforced or administered by the Board. Each nurse is required to practice in accordance with accepted standards of practice and is responsible and accountable for his or her nursing judgments, actions, and competency. The Board's regulation at 244 CMR 9.03 (6) requires all nurses to comply with any other law and regulation related to licensure and practice.

Date Issued: 9/08/21

Scope of Practice: Certified Nurse Midwives (CNMs), Certified Nurse Practitioners (CNP's).

Purpose: To guide the practice of CNMs and CNPs whose clinical responsibilities include providing abortions.

For the purposes of this Advisory Ruling, *abortion* means any medical treatment intended to induce the termination of, or to terminate, a clinically diagnosable pregnancy except for the purpose of producing a live birth, provided, however, that "abortion" shall not include providing care related to a miscarriage. *Pregnancy* means the presence of an implanted human embryo or fetus in the uterus.¹

Advisory:

Pursuant to Section 40 of chapter 227 of the Acts of 2020 CNMs and CNPs may perform an abortion consistent with the scope of their practice and license if, in their best medical judgment, the pregnancy has existed for less than twenty-four (24)

¹ Massachusetts Legislature. (2020). Section 40 of chapter 227 of the Acts 2020 Section 12K. Retrieved at <https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter227>

weeks.¹ If a pregnancy has existed for twenty-four (24) weeks or more, no abortion may be performed except by a physician.²

Both CNMs and CNPs pursuant to 244 CMR 4.06 (2) (a) and (3) (a) will only practice in the clinical category(s) for which they have attained and maintained certification. They may attain additional competencies consistent with the scope and standards of their practice and is reflective of the accepted professional standards established by a Board recognized national organization for CNM and CNP practice.² CNMs and CNPs will assume only those duties and responsibilities within their scope of practice and for which they have acquired and maintained necessary knowledge, skills and abilities to competently perform an abortion for pregnancies of less than 24 weeks.

It is the Board's position that CNMs and CNPs who successfully complete competency-based training for providers of abortion and maintain authenticated records of the process used to achieve the necessary knowledge, skills and ongoing competency may provide abortion services for pregnancies less than 24 weeks. It is not within CNMs or CNPs scope of practice to perform an abortion for a pregnancy greater than 24 weeks.³

An abortion shall not be performed unless the written informed consent of the proper person has been obtained except in an emergency requiring immediate action. If the patient less than sixteen (16) years of age has not married and if the patient is unable to obtain the consent of one (1) of their parents or one (1) of their guardians, or if they elect not to seek the consent of a parent or a guardian, or in the case of incest, a judge of the superior court shall authorize a CNM or CNP to perform the abortion.⁴

The consent form and any other forms, transcript of evidence or written findings or conclusions of a court shall be confidential and shall not be released to any other person except by the patient's written informed consent or by a proper judicial order, other than to the patient themselves.⁵

Required Standardized Procedures:

Procedures are required for obtaining medical consultation, collaboration, and referral related to abortion procedure and methods for periodic review of provisions of the standardized procedures⁶

² Massachusetts Board of Registration in Nursing. 244 CMR 4.06 (2) (a). Advanced practice registered nursing. Retrieved at [244 CMR 4.00: Advanced practice registered nursing | Mass.gov](https://www.mass.gov/info-details/244-cmr-4.00-advanced-practice-registered-nursing)

³ Massachusetts Legislature. (2020). Section 40 of chapter 227 of the Acts 2020 Section 12N. Retrieved at <https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter227>

⁴ Massachusetts Legislature. (2020). Section 40 of chapter 227 of the Acts 2020, Section 12R. Retrieved at <https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter227>

⁵ Ibid

⁶ American College of Nurse Midwives. (rev. 2015). Position Statement: Expansion of midwifery practice and skills beyond basic core competencies. Retrieved at [Expansion-of-Midwifery-Practice-June-2015.pdf](https://www.acnm.org/wp-content/uploads/2015/06/Expansion-of-Midwifery-Practice-June-2015.pdf)

Competence Acquisition:

An acceptable competency training program shall have minimum content which includes reading materials and clinical competencies as a framework for competency attainment.⁷ For the purposes of this advisory ruling, competencies are categorized as general, pre-procedure phase, intra-procedure phase, post-procedure phase as well as competencies related to medication abortion. A mechanism is to be in place to maintain competency. It is the responsibility of each CNM or CNP to maintain records of competency-based training and submit evidence to the Board upon request.

The nurse in the management role must ensure the availability of sufficient resources to provide for safe implementation, including, but not limited to organizational policies that provide for:

- Protocols for assessing and documentation of the advanced education and validation for the CNM or CNP initial and continued competency for each activity;
- Protocols for provision of clear, complete and culturally appropriate informed consent.

General Competencies:

General Competencies include, but are not limited to:

- Knowledge of anatomy, physiology and pathophysiology.
- Knowledge of operative techniques related to manual vacuum aspiration (MVA).
- Recognize and appropriately reacting to emergency situations.
- Recognize safety hazards and initiate appropriate preventive and corrective action.
- Adhere to standard precautions and to principles of asepsis and infection control and would not place self, patient or others at risk for infectious disease transmissions.
- Ensure documentation is complete, accurate and legible in all records required by federal and state law.

Pre-procedure phase competencies:

Pre-procedure phase competencies for the management of patients in collaboration with other health care providers include, but are not limited to:

- Requirements for written informed consent.
- Communication with other healthcare providers about the patient's plan of care.

⁷ Goodman, S. & Flaxman, G. (2020). *TEACH Early Abortion Training Curriculum*. 6th edition. Retrieved at [Early Abortion Training Curriculum | TEACH \(teachtraining.org\)](https://teachtraining.org)

- Patient counseling, including the care of transgender patients.
- Pregnancy testing.
- Medical History including the pertinent co-morbidities requiring treatment before the procedure.
- Early pregnancy ultrasound.
- Pelvic exam or uterine sizing and position.
- Discussion of viable, non-viable and ectopic pregnancies.

Procedure phase competencies:

- Pain management and medications.
- Manual vacuum aspiration procedure.
- Management of complications: minor, major, immediate, delayed.

Post-procedure competencies:

- Recovery procedures.
- Aftercare instructions and precautions.
- Contraception.

Medication Abortion Competencies

- Review of various regimens.
- Counseling, patient information and patient selection.
- Provision of regimen and patient information.
- Review of follow up care to assess completion of abortion.

References

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- American College of Nurse Midwives. (2019). Position Statement: Midwives as abortion providers. Retrieved at [PS-Midwives-as-Abortion-Providers-FINAL-August-2019.pdf](https://www.midwives.org/~/media/ACNM/About-ACNM/Position-Statements/PS-Midwives-as-Abortion-Providers-FINAL-August-2019.pdf)
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- National Association of Nurse Practitioners in Women's Health. (2020). White Paper:

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