

Michigan limits reproductive health services that midwives, nurses can provide

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Unlike other states, Michigan laws severely restrict the reproductive health services that midwives and advanced practice registered nurses can provide.

Ruth Zielinski, professor at the University of Michigan School of Nursing and nurse midwife, discusses the restrictions placed on APRNs and midwives, and how the impending Supreme Court decision on abortion may impact Michigan women who need [reproductive health care](#).

Maryland lawmakers recently passed a law that allows [physician assistants](#), advanced practice registered nurses and midwives to perform abortions. What are the limitations on reproductive health care, such as abortion, the morning after pill, etc., in Michigan?

First, Michigan unnecessarily restricts where abortion can be provided by requiring that abortions be performed in a hospital or a specialized facility (in compliance with the requirements of a surgical facility). This is unnecessarily restrictive and could make accessing abortion more difficult for those in [rural communities](#), especially if they are [lower income](#).

Also, Michigan restricts APRNs, including midwives, from performing first trimester surgical abortions, even though it is included in the International Confederation of Midwives competencies and is safer than other procedures midwives perform. Medication abortion prescribing is restricted to physicians. A medication abortion, or RU-486, ends a developing pregnancy.

APRNs, including midwives, can prescribe Plan B (the morning-after pill). Morning-after pills are emergency contraception that does not abort pregnancy that has implanted but delays or prevents ovulation.

Who uses midwives and APRNs and who is most affected by these restrictions?

I don't have exact stats for this as they are not collected. Anecdotally, I will tell you that most Federally Qualified Health Centers utilize APRNs and midwives to a great extent. As with other health care needs, the people most affected are lower-resourced people, particularly those in [rural areas](#) (of which there are many in Michigan). Also, minors under the age of 18 cannot get an abortion in Michigan without parental consent, so they are also affected by the restrictions. These are all people that [midwives](#) care for to a great extent.

Has there been a move to expand the role of midwives and APRNs?

Yes, there has in Michigan but, unfortunately, not to expand the role for abortion care. It is something I would really like to take on but I can't imagine right now there is any chance with such an anti-choice legislature.

How does Michigan compare to other states?

Abortion is legal in Michigan but cannot be publicly funded (i.e., Medicaid won't pay). The number of abortion clinics has declined from 83 in 1982 to only 20 in 2014. While people with resources can still travel for an abortion, with the price of gas, it becomes really difficult for lower-resourced people who live in more rural areas, such as the UP, to obtain an abortion.

While Gov. Whitmer is pro-choice, the house and senate are decidedly not, which makes it challenging.

In Michigan, counseling is biased and puts undue burden and restrictions on access to abortion: "A woman may not obtain an abortion until at least 24 hours after a physician, nurse, physician's assistant, psychologist,

[social worker](#) or qualified counselor confirms the patient is pregnant and orally describes to the patient the probable gestational age of the fetus."

Will the U.S. Supreme Court decision impact how midwives practice?

Michigan is one of 26 states that will likely ban abortion in nearly every case, including rape and incest, if *Roe v. Wade* is overturned. In 1931, abortion was banned in Michigan—that law is still on the books, but *Roe v. Wade* overruled that ban. Now, if *Roe v. Wade* is overturned, that law could take effect. Gov. Whitmer has filed a lawsuit that would keep abortion legal in the state. According to a poll by Whitmer's office the majority of people in Michigan want [abortion](#) to be legalized in the state.

Midwives will be affected in that more people may seek unsafe abortions or will be forced to continue an unwanted or unsafe pregnancy. In some cases, they may be forced to carry a pregnancy that puts them or the fetus at risk—for example, in the case of an anomaly or when the pregnant person is taking medication or using substances that may harm the fetus.

Provided by University of Michigan

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