

### CURRENT RULE

#### R9-16-111. Prohibited Practice; Transfer of Care

B. A midwife shall not accept for midwifery services or continue midwifery services for a client who has or develops any of the following:

15. A serious mental illness;

#### A.A.C R9-16-101

44. "Serious mental illness" means a condition in an individual who is eighteen years of age or older and who exhibits emotional or behavioral functioning, as a result of a mental disorder as defined in A.R.S. § 36-501 that:

a. Is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation; and b. Impairs or substantially interferes with the capacity of the individual to remain in the community without supportive treatment or services of a long-term or indefinite duration

*For reference:*

*A.R.S. § 36-501*

*24. "Mental disorder" means a substantial disorder of the person's emotional processes, thought, cognition or memory. Mental disorder is distinguished from:*

*(a) Conditions that are primarily those of drug abuse, alcoholism or intellectual disability, unless, in addition to one or more of these conditions, the person has a mental disorder.*

*(b) The declining mental abilities that directly accompany impending death.*

*(c) Character and personality disorders characterized by lifelong and deeply ingrained antisocial behavior patterns, including sexual behaviors that are abnormal and prohibited by statute unless the behavior results from a mental disorder.*

### PROPOSED RULE

Eliminate A.A.C. R0-16-111 (B) 15 and A.A.C R9-16-101 44.

### JUSTIFICATION

Within healthcare ethics and standard of care, individuals are expected to make medical decisions on their own behalf unless they are legally incompetent to do so. Major obstetric organizations recommend that pregnant patients with SMI be provided the same treatment options as the general population as long as they demonstrate decision making capacity. The presence of a possible or diagnosed SMI does not remove this right. Many mental health organizations have made great strides towards removing the stigma and discrimination associated with mental illness. Prohibiting individuals with SMI from obtaining midwifery care unless they have been proven legally incompetent is discriminatory.

According to the National Alliance on Mental Illness (NAMI), severe mental illness includes "major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD) and borderline personality disorder." One out of every six women will experience unstable mental health during their childbearing years, with depression being most common. Women with depression have been noted to enter midwifery care at disproportionate rates and midwifery organizations encourage midwives to integrate care of women with depression into their practices. Midwifery care has been shown to improve postnatal outcomes for women with chronic clinical depression.

Further, midwives are not mental health professional and therefore are not trained in the identification and diagnosis of mental disorders, serious mental illness, or severe psychiatric illness. The rule and definition as provided, A.A.C. R0-16-111 (B) 15 and A.A.C R9-16-101 44, places the responsibility on the midwife to determine whether the midwifery client has a “*substantial disorder of the person's emotional processes, thought, cognition or memory.*”

Other disease and illness processes listed within AAC R9-106 as prohibited practice or consultation (for example, seizure disorder, heart disease, kidney disease, blood disease, active tuberculosis, etc.), that are recognized as outside of the scope of practice of midwifery care do not contain the expectation that the midwife identify and diagnose the condition. Rather, the expectation is that if the midwifery client presents with a history of these conditions or reports a current diagnosis of these conditions, the midwife will the appropriately consult or transfer care. By defining SMI in A.A.C. and not defining other diseases and illnesses, the implied expectation is that the midwife understand, identify and diagnose. This is an unreasonable expectation.

#### REFERENCE LIST

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