

IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

STATE BOARD OF MIDWIFERY

24.26.01 – Rules of the Idaho Board of Midwifery

Who does this rule apply to?

This rule applies to applicants and license holders for midwives.

What is the purpose of this rule?

This rule governs the practice of midwifery in Idaho to protect the public health, safety, and welfare. This rule establishes:

- Minimum standards of competency and qualifications for applicants;
- Fees related to licensure;
- Continuing education for licensure;
- Provisions for obtaining and documenting informed consent;
- Requirements related to formulary drugs;
- Newborn transfer of care or consultation; and
- Scope and standards of practice

What is the legal authority for the agency to promulgate this rule?

This rule implements the following statute passed by the Idaho Legislature:

Professions, Vocations, and Businesses -

- [54-5501 through 54-5513, Idaho Code](#) – Midwifery

Who do I contact for more information on this rule?

State Board of Midwifery

Division of Occupational and Professional Licenses

8 a.m. to 5 p.m., Mountain Time (except Saturdays, Sundays and holidays)

Mailing: PO Box 83720 Boise, ID 83720-0063

Physical: 11351 W Chinden Blvd, Bldg 6, Boise, ID 83714

Phone: (208) 334-3233

Fax: (208) 334-3945

E-mail: IBOL@IBOL.IDAHO.GOV

www.IBOL.Idaho.gov

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24.26.01 – RULES OF THE IDAHO BOARD OF MIDWIFERY

000. LEGAL AUTHORITY.

These rules are promulgated pursuant to Section 54-5504, Idaho Code. (3-28-23)

001. SCOPE.

These rules govern the licensure and regulation of the practice of midwifery in Idaho. (3-28-23)

002. -- 099. (RESERVED)

100. QUALIFICATIONS FOR LICENSURE.

Applicants for licensure must submit a completed application, required application and licensing fees, and documentation, acceptable to the Board. (3-28-23)

101. RENEWAL OF LICENSE.

01. Complete Practice Data. The information submitted by the licensed midwife must include complete practice data for the calendar year preceding the date of the renewal application. Such information includes: (3-28-23)

- a. The number of clients to whom the licensed midwife has provided care; (3-28-23)
- b. The number of deliveries, including the number of cesareans or the number of vaginal births after cesarean (VBACs); (3-28-23)
- c. The average, oldest, and youngest maternal ages; (3-28-23)
- d. The number of primiparae; (3-28-23)
- e. All APGAR scores below five (5) at five (5) minutes; (3-28-23)
- f. The number of prenatal transfers and transfers during labor, delivery and immediately following birth, including transfers of mothers, transfers of babies, reasons for transfers, or transfers of all newborns being admitted to the neonatal intensive care unit (NICU) for more than twenty four (24) hours. (3-28-23)
- g. Any perinatal deaths occurring up to six weeks post-delivery, broken out by: weight, gestational age, age of the baby, and stillbirths, if any. (3-28-23)
- h. Any significant neonatal or perinatal problem, not listed above, during the six (6) weeks following birth. (3-28-23)

02. Current Cardiopulmonary Resuscitation Certification. A licensed midwife must certify on their renewal application that they possess a current certification in adult, infant, and child cardiopulmonary resuscitation and in neonatal resuscitation obtained through courses approved by the Board. (3-28-23)

03. Continuing Education Verification. The licensed midwife at renewal must certify by signed affidavit that the annual continuing education requirements set by the Board have been met. The Board may conduct continuing education audits. (3-28-23)

102. CONTINUING EDUCATION REQUIREMENT.

01. Annual Continuing Education Requirement. A licensed midwife must successfully complete a minimum of ten (10) continuing education hours per year either acceptable to North American Registry of Midwives (“NARM”) as counting towards recertification of a licensed midwife as a Certified Professional Midwife (“CPM”) or otherwise approved by the Board. Two (2) of these hours must be in peer review participation as described in Subsection 102.02. (3-28-23)

02. Peer Review System. As part of the Board’s annual continuing education requirement, each licensed midwife must participate in peer review activities for a minimum of two (2) hours per year to enable licensed midwives to retrospectively present and review cases in an effort to further educate themselves about the appropriateness, quality, utilization, and ethical performance of midwifery care. (3-28-23)

- a. Licensed midwives are responsible for organizing their own peer review sessions. At least three (3)

licensed midwives or CPMs must participate in a peer review session in order for the session to count towards a licensed midwife's annual two-hour peer review activity requirement. (3-28-23)

- b.** Each licensed midwife must make a presentation that must include the following information: (3-28-23)
 - i.** Total number of clients currently in the licensed midwife's care; (3-28-23)
 - ii.** The number of women in the licensed midwife's practice that are postpartum; (3-28-23)
 - iii.** The number of births the licensed midwife has been involved with since the last peer review session; and (3-28-23)
 - iv.** One (1) or more specific cases arising since the licensed midwife's last peer review session involving serious complications or the transport of a mother or baby to the hospital. (3-28-23)
- c.** The information presented in a peer review session is confidential. The identities of the client, other health care providers, and other persons involved in a case may not be divulged during the peer review session. (3-28-23)

03. Carryover Hours. A licensed midwife may carryover a maximum of five (5) hours of continuing education to meet the next year's continuing education requirement. (3-28-23)

103. -- 199. (RESERVED)

200. USE OF FORMULARY DRUGS.

01. Protocols. A licensed midwife may use the drugs described in the midwifery formulary according to the following protocol describing the indication for use, dosage, route of administration and duration of treatment:

Drug	Indication	Dose	Route of Administration	Duration of Treatment
Oxygen	Maternal/Fetal Distress	10-12 L/min. 10 L/min.	Bag and mask Mask	Until maternal/fetal stabilization is achieved or transfer to hospital is complete
	Neonatal Resuscitation	10-12 L/min. 10 L/min.	Bag and mask Mask	Until stabilization is achieved or transfer to a hospital is complete
Oxytocin (Pitocin)	Postpartum hemorrhage only	10 Units/ml	Intramuscularly only	1-2 doses Transport to hospital required if more than two doses are administered
Lidocaine HCl 2%	Local anesthetic for use during postpartum repair of lacerations or episiotomy	Maximum 50 ml	Percutaneous infiltration only	Completion of repair
Penicillin G (Recommended)	Group B Strep Prophylaxis	5 million units initial dose, then 2.5 million units every 4 hours until birth	IV in \geq 100 ml LR, NS or D ₅ LR	Birth of baby

Drug	Indication	Dose	Route of Administration	Duration of Treatment
Methergine (Methylergonovine)	Postpartum hemorrhage only	0.2mg/ml	Intramuscularly only 1 dose	Transport to hospital required if single dose does not stop hemorrhage
Ampicillin Sodium (Alternative)	Group B Strep Prophylaxis	2 grams initial dose, then 1 gram every 4 hours until birth	IV in ≥ 100 ml NS or LR	Birth of baby
Cefazolin Sodium (drug of choice for penicillin allergy with low risk for anaphylaxis)	Group B Strep Prophylaxis	2 grams initial dose, then 1 gram every 8 hours	IV in ≥ 100 ml LR, NS or D ₅ LR	Birth of baby
Clindamycin Phosphate (drug of choice for penicillin allergy with high risk for anaphylaxis)	Group B Strep Prophylaxis	900 mg every 8 hours	IV in ≥ 100 ml NS (not LR)	Birth of baby
Epinephrine HCl 1:1000	Treatment or post-exposure prevention of severe allergic reactions	0.3 ml	Subcutaneously or intramuscularly	Every 20 minutes or until emergency medical services arrive Administer first dose then immediately request emergency services
Lactated Ringer's (LR) 5% Dextrose in Lactated Ringer's solution (D ₅ LR) 0.9% Sodium Chloride (NS) Sterile Water	To achieve maternal stabilization Reconstitution of antibiotic powder	1 - 2 liter bags First liter run in at a wide-open rate, the second liter titrated to client's condition As directed	Intravenously with ≥ 18 gauge catheter As directed	Until maternal stabilization is achieved or transfer to a hospital is complete Birth of Baby
Cytotec (Misoprostol)	Postpartum hemorrhage only	800 mcg	Rectally is the preferred method Orally is allowed	1-2 doses Transport to hospital required if more than one dose is administered

Drug	Indication	Dose	Route of Administration	Duration of Treatment
Rho(d) Immune Globulin	Prevention of Rho (d) sensitization in Rho (d) negative women	300 mcg	Intramuscularly	Single dose at any gestation for Rho (d) negative, antibody negative women within 72 hours of spontaneous bleeding or abdominal trauma. Single dose at 26-28 weeks gestation for Rho (d) negative, antibody negative women Single dose for Rho (d) negative, antibody negative women within 72 hours of delivery of Rho (d) positive infant, or infant with unknown blood type
Phytonadione	Prophylaxis for Vitamin K Deficiency Bleeding	1 mg	Intramuscularly	1 dose
0.5% Erythromycin Ophthalmic Ointment	Prophylaxis of Neonatal Ophthalmia	1 cm ribbon in each eye	Topical	1 dose

(3-28-23)

201. OBTAINING, STORING, AND DISPOSING OF FORMULARY DRUGS.

A licensed midwife must adhere to the requirements in Title 54 Chapter 17 Idaho Code and IDAPA 24.36.01 Rules of the Idaho State Board of Pharmacy for obtaining, storing, and disposing of formulary drugs during the practice of midwifery. (3-28-23)

202. MEDICAL WASTE.

A licensed midwife must dispose of medical waste during the practice of midwifery according to state and federal law. (3-28-23)

203. SCOPE AND PRACTICE STANDARDS.

A licensed midwife must adhere to the Essential Documents of the National Association of Certified Professional Midwives to the extent such scope and practice standards are consistent with the Board’s enabling law, Chapter 55, Title 54, Idaho Code when providing antepartum, intrapartum, postpartum, and newborn care. (3-28-23)

01. Conditions for Which a Licensed Midwife May Not Provide Care Without Health Care Provider Involvement. A licensed midwife may not provide care for a client with a history of the disorders, diagnoses, conditions, or symptoms listed in Section 54-5505(1)(e)(ii), Idaho Code, unless such disorders, diagnoses, conditions or symptoms are being treated, monitored or managed by a licensed health care provider. In Section 54-5505(1)(e)(ii)(14), Idaho Code, “history” includes illicit drug use or addiction during the current pregnancy. (3-28-23)

02. Conditions for Which a Licensed Midwife Must Facilitate Hospital Transfer. A licensed midwife must facilitate the immediate transfer of a client to a hospital for emergency care if the client has any of the disorders, diagnoses, conditions or symptoms listed in Section 54-5505(1)(e)(iv), Idaho Code. Maternal fever in labor of more than 100.4 degrees Fahrenheit, in the absence of environmental factors; suggestion of fetal jeopardy, such as frank bleeding before delivery, any abnormal bleeding (with or without abdominal pain), evidence of placental

abruption, meconium with non-reassuring fetal heart tone patterns where birth is not imminent, or abnormal fetal heart tones with non-reassuring patterns where birth is not imminent; (3-28-23)

204. NEWBORN TRANSFER OF CARE OR CONSULTATION.

01. Newborn Transfer of Care. Conditions for which a licensed midwife must facilitate the immediate transfer of a newborn to a hospital for emergency care: (3-28-23)

- a. Respiratory distress defined as respiratory rate greater than eighty (80) or grunting, flaring, or retracting for more than one (1) hour. (3-28-23)
- b. Any respiratory distress following delivery with moderate to thick meconium stained fluid. (3-28-23)
- c. Central cyanosis or pallor for more than ten (10) minutes. (3-28-23)
- d. Apgar score of six (6) or less at five (5) minutes of age. (3-28-23)
- e. Abnormal bleeding. (3-28-23)
- f. Any condition requiring more than six (6) hours of continuous, immediate postpartum evaluation. (3-28-23)
- g. Any vesicular skin lesions. (3-28-23)
- h. Seizure-like activity. (3-28-23)
- i. Any bright green emesis. (3-28-23)
- j. Poor feeding effort due to lethargy or disinterest in nursing for more than two (2) hours immediately following birth. (3-28-23)

02. Newborn Consultation Required. Conditions for which a licensed midwife must consult a Pediatric Provider (Neonatologist, Pediatrician, Family Practice Physician, Advanced Practice Registered Nurse, or Physician Assistant): (3-28-23)

- a. Temperature instability, defined as a rectal temperature less than ninety-six point eight (96.8) degrees Fahrenheit or greater than one hundred point four (100.4) degrees Fahrenheit documented two (2) times more than fifteen (15) minutes apart. (3-28-23)
- b. Murmur lasting more than twenty-four (24) hours immediately following birth. (3-28-23)
- c. Cardiac arrhythmia. (3-28-23)
- d. Congenital anomalies. (3-28-23)
- e. Birth injury. (3-28-23)
- f. Clinical evidence of prematurity, including but not limited to, low birth weight of less than two thousand five hundred (2,500) grams, smooth soles of feet, or immature genitalia. (3-28-23)
- g. Any jaundice in the first twenty-four (24) hours after birth or significant jaundice at any time. (3-28-23)
- h. No stool for more than twenty-four (24) hours immediately following birth. (3-28-23)
- i. No urine output for more than twenty-four (24) hours. (3-28-23)

j. Development of persistent poor feeding effort at any time. (3-28-23)

205. -- 299. (RESERVED)

300. UNPROFESSIONAL CONDUCT.

01. Standards of Conduct. If a licensed midwife or an applicant for licensure, renewal, or reinstatement has engaged in unprofessional conduct, the Board may refuse to issue, renew, or reinstate the applicant's license and may discipline the licensee. Unprofessional conduct includes, without limitation, those actions defined in Section 54-5510, Idaho Code, and any of the following: (3-28-23)

a. Having a license suspended, revoked, or otherwise disciplined in this or any other state or jurisdiction; (3-28-23)

b. Having been convicted of any felony, or of a lesser crime that reflects adversely on the person's fitness to be a licensed midwife; or (3-28-23)

c. Violating any standards of conduct set forth in these rules, whether or not specifically labeled as such, and including without limitation any scope and practice standards, record-keeping requirements, notice requirements, or requirements for documenting informed consent. (3-28-23)

02. Discipline. If the Board determines that a licensed midwife has engaged in unprofessional conduct, it may impose discipline against the licensed midwife that includes, without limitation, the following: (3-28-23)

a. Require that a licensed midwife practice midwifery under the supervision of another health care provider. The Board may specify the nature and extent of the supervision and may require the licensed midwife to enter into a consultation, collaboration, proctoring, or supervisory agreement, written or otherwise, with the other health care provider; (3-28-23)

b. Suspend or revoke a license; (3-28-23)

c. Impose a civil fine not to exceed one thousand dollars (\$1,000) for each violation of the Board's laws and rules; and (3-28-23)

d. Order payment of the costs and fees incurred by the Board for the investigation and prosecution of the violation of the Board's laws and rules. (3-28-23)

301. -- 399. (RESERVED)

400. FEES.

Unless otherwise provided for, all fees are non-refundable.

APPLICATION	FEE (Not to Exceed)
Initial Application	\$200
Initial License	\$800 (amount will be refunded if license not issued)
Renewal	\$850 (amount will be refunded if license not renewed)
Reinstatement	\$50

(3-28-23)

401. -- 999. (RESERVED)