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24.26.01 – Rules of the Idaho Board of Midwifery

IDAPA 24
TITLE 26
CHAPTER 01

24.26.01 – RULES OF THE IDAHO BOARD OF MIDWIFERY

000. LEGAL AUTHORITY (RULE 0).
In accordance with Section 54-5504, Idaho Code, the Idaho Board of Midwifery has promulgated rules that implement the provisions of Chapter 55, Title 54, Idaho Code. (3-29-10)

001. TITLE AND SCOPE (RULE 1).

01. Title. These rules are titled IDAPA 24.26.01, "Rules of the Idaho Board of Midwifery." (3-29-10)

02. Scope. These rules establish the framework for licensure of midwives and the provisions for what midwives are allowed to do, what they may not do, when they must advise their clients to seek other medical advice and when to transport a client. (3-29-10)

002. WRITTEN INTERPRETATIONS (RULE 2).
The Board may have written statements pertaining to the Board's interpretation of these rules. Such interpretations, if any, are available for public inspection and copying at cost at the Board's office. (3-29-10)

003. ADMINISTRATIVE APPEALS (RULE 3).
Administrative appeals are governed by the Administrative Procedure Act, Title 67, Chapter 52, Idaho Code. (3-29-10)

004. INCORPORATION BY REFERENCE (RULE 4).
The following documents are incorporated by reference into these rules, and are available at the Board's office and through the Board's website: (3-29-10)

01. Prevention of Perinatal Group B Streptococcal Disease. Published by the Centers for Disease Control and Prevention, MMWR 2010;59 (No. RR 10), dated November 19, 2010, referenced in Paragraph 350.01.d. (4-11-19)

02. Essential Documents of the National Association of Certified Professional Midwives. Copyright date 2004, referenced in Subsection 356.01. (3-29-10)

03. Analysis of the 2016 Job Analysis Survey. Published by the North American Registry of Midwives (NARM). (4-11-19)

005. OFFICE – ADDRESS AND CONTACT INFORMATION (RULE 5).
The office of the Idaho Board of Midwifery is located within the Bureau of Occupational Licenses, 700 W. State Street, Boise, Idaho 83702. The Bureau is open between the hours of 8:00 a.m. and 5:00 p.m. each day except Saturdays, Sundays and holidays. The Board's telephone number is (208) 334-3233. The Board's fax number is (208) 334-3945. These links are to the Board's e-mail address is mid@ibol.idaho.gov and official website is http://www.ibol.idaho.gov. (3-29-10)

006. PUBLIC RECORDS (RULE 6).
The Board's records are subject to the Idaho Public Records Act, Title 74, Chapter 1, Idaho Code. (3-29-10)

007. -- 009. (RESERVED)

010. DEFINITIONS (RULE 10).

01. Client. A woman under the care of a licensed midwife, as well as the woman's fetus and newborn child. (3-29-10)

02. CPM. A certified professional midwife; in other words, a person who is certified by NARM or any

successor organization. (3-29-10)

03. Estimated Due Date. The estimated date of delivery with a known date of conception, known date of last menstrual period, or first trimester ultrasound. (7-1-14)

04. Licensed Health Care Provider. A physician or physician assistant or an advanced practice registered nurse. (7-1-14)

05. Licensed Midwife. A person who holds a current license issued by the Board, who is designated "L.M." (3-29-10)

06. MEAC. The Midwifery education accreditation council, the organization established in 1991 and recognized by the U.S. department of education as an accrediting agency for midwifery education programs and institutions. (3-29-10)

07. NARM. The North American Registry of Midwives, the international certification agency that establishes and administers certification for the CPM credential. (3-29-10)

08. NACPM. The National Association of Certified Professional Midwives, the national organization for certified professional midwives. (3-29-10)

09. Practice of Midwifery. Providing maternity care for women and their newborns during the antepartum, intrapartum and postpartum periods. The postpartum period for both maternal and newborn care may not exceed six (6) weeks from the date of delivery. (3-29-10)

011. -- 019. (RESERVED)

020. ORGANIZATION (RULE 20).

01. Meetings. The Board meets at least annually and at other such times and places as designated by the Chairman or upon the written request of any two (2) members of the Board. (3-29-10)

a. All meetings are held in accordance with the Idaho Open Meeting Law, Chapter 23, Title 67, Idaho Code. (3-29-10)

b. A minimum of three (3) Board members constitutes a quorum and may exercise all powers and authority conferred on the Board in order to hold a meeting of the Board. A majority vote of the Board members present at a meeting is considered the action of the Board as a whole. (3-29-10)

02. Organization of the Board. At the first meeting of each fiscal year, the Board elects from its members a Chairman, who assumes the duty of the office immediately upon such selection. (3-29-10)

a. The Chairman, when present, presides at all meetings, appoint with the consent of the Board, all committees, and otherwise performs all duties pertaining to the office of Chairman. The Chairman is an ex-officio member of all committees. (3-29-10)

b. The Bureau provides such services as may be authorized by Chapter 26, Title 67, Idaho Code, and as defined under contract between the Bureau and the Board. The Chief of the Bureau acts as an agent of the Board and is the custodian of all records of the Board. (3-29-10)

021. -- 099. (RESERVED)

100. QUALIFICATIONS FOR LICENSURE (RULE 100).

01. Applications. Applications for licensure must be submitted on Board-approved forms. (3-29-10)

02. Qualifications. Applicants for licensure must submit a completed application, required application

and licensing fees, and documentation, acceptable to the Board, establishing that the applicant: (3-29-10)

a. Currently is certified as a CPM by NARM or a successor organization. (3-29-10)

b. Has successfully completed Board-approved, MEAC-accredited courses in pharmacology, the treatment of shock/IV therapy, and suturing specific to midwives. (3-29-10)

03. Incomplete or Stalled Applications. The applicant must provide or facilitate the provision of any supplemental third party documents that may be required by the Board. If an applicant fails to respond to a Board request or an application has lacked activity for twelve (12) consecutive months, the application on file with the Board is deemed denied and it will be terminated upon thirty (30) days written notice, unless good cause is established to the Board. (3-29-10)

101. -- 174. (RESERVED)

175. FEES (RULE 175).

01. Initial Application Processing Fee. A two hundred dollars ($200) application processing fee must accompany initial licensure applications. (3-20-14)

02. License Fee. The initial license fee is eight hundred dollars ($800). This initial, one-time fee will be refunded if the Board does not issue the license for which application has been made. (3-20-14)

03. Annual Renewal Fee. The annual license renewal fee is eight hundred fifty dollars ($850). The annual license renewal fee will be refunded if the license is not renewed by the Board. (3-20-14)

04. Reinstatement Fee. The fee to reinstate a license that has been cancelled for failure to renew is fifty dollars ($50). (3-29-10)

05. Refund of Fees. Unless otherwise provided for in this Rule, all fees are non-refundable. (3-29-10)

176. -- 199. (RESERVED)

200. RENEWAL OF LICENSE (RULE 200).

01. Expiration Date. A licensed midwife's license expires on the licensed midwife's birth date. The license must be annually renewed before the licensed midwife's birth date in accordance with Section 67-2614, Idaho Code. Licenses that are not renewed as required will be cancelled pursuant to Section 67-2614, Idaho Code. (3-29-10)

02. Reinstatement. A license that has been cancelled for failure to renew may be reinstated in accordance with Section 67-2614, Idaho Code. (3-29-10)

03. Application for Renewal. In order to renew a license a licensed midwife must submit a timely, completed, Board-approved renewal application form and pay the required application and renewal fees. (3-29-10)

04. Complete Practice Data. The information submitted by the licensed midwife on the Board-approved application form must include complete practice data for the twelve (12) months immediately preceding the date of the renewal application. Such information includes: (3-29-10)

a. The number of clients to whom the licensed midwife has provided care; (3-29-10)

b. The number of deliveries, including; (3-29-10)

i. The number of cesareans; (3-29-10)

ii. The number of vaginal births after cesarean (VBACs); (3-29-10)

c. The average, oldest, and youngest maternal ages; (3-29-10)

d. The number of primiparae; (3-29-10)

e. All APGAR scores below five (5) at five (5) minutes; (3-29-10)

f. The number of prenatal transfers and transfers during labor, delivery and immediately following birth, including: (3-29-10)

i. Transfers of mothers; (3-29-10)

ii. Transfers of babies; (3-29-10)

iii. Reasons for transfers; (3-29-10)

iv. Transfers of all newborns being admitted to the neonatal intensive care unit (NICU) for more than twenty four (24) hours. (3-29-10)

g. Any perinatal deaths occurring up to six weeks post-delivery, broken out by: (3-29-10)

i. Weight; (3-29-10)

ii. Gestational Age; (3-29-10)

iii. Age of the baby; (3-29-10)

iv. Stillbirths, if any; (3-29-10)

h. Any significant neonatal or perinatal problem, not listed above, during the six (6) weeks following birth. (3-29-10)

05. Current Cardiopulmonary Resuscitation Certification. A licensed midwife to renew their license 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 completion of American Heart Association or the Health and Safety Institute approved cardiopulmonary resuscitation courses and American Academy of Pediatrics approved neonatal resuscitation courses. (4-11-19)

06. Continuing Education Verification. When a licensed midwife submits a renewal application, the licensed midwife must certify by signed affidavit that the annual continuing education requirements set by the Board have been met. The Board may conduct such continuing education audits and require verification of attendance as deemed necessary to ensure compliance with continuing education requirements. (3-29-10)

201. -- 299. (RESERVED)

300. CONTINUING EDUCATION REQUIREMENT (RULE 300).
In order to protect the public health and safety and promote the public welfare, the Board has adopted the following rules for continuing education. (3-29-10)

01. Annual Continuing Education Requirement. A licensed midwife must successfully complete a minimum of ten (10) continuing education hours per year. Two (2) of these hours must be in peer review participation as described in Subsection 300.06. One (1) continuing education hour equals one (1) clock hour. A licensed midwife is considered to have satisfied the annual continuing education requirement for the first renewal of the initial license. (3-29-10)

02. Subject Material. The subject material of the continuing education must be germane to the practice of midwifery and either acceptable to NARM as counting towards recertification of a licensed midwife as a

CPM or otherwise approved by the Board. (3-29-10)

03. Verification of Attendance. Each licensed midwife must maintain verification of attendance by securing authorized signatures or other documentation from the course instructors or sponsoring institution substantiating any hours attended. This verification must be maintained by the licensed midwife for no less than seven (7) years and provided to the Board upon request by the Board or its agent. (3-29-10)

04. Distance Learning and Independent Study. The Board may approve a course of study for continuing education credit that does not include the actual physical attendance of the licensed midwife in a face-to-face setting with the course instructor. Distance Learning or Independent Study courses will be eligible for continuing education credits if approved by NARM or upon approval of the Board. (3-29-10)

05. Requests for Board Approval. All requests for Board approval of educational programs must be made to the Board in writing at least sixty (60) days before the program is scheduled to occur. Requests must be accompanied by a statement that includes: (3-29-10)

a. The name of the instructor or instructors; (3-29-10)

b. The date and time and location of the course; (3-29-10)

c. The specific agenda for the course; (3-29-10)

d. The number of continuing education credit hours requested; and (3-29-10)

e. A statement of how the course is believed to be germane to the practice of midwifery. (3-29-10)

06. 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. (3-29-10)

a. The purpose of peer review is 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. (3-29-10)

b. 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. (3-29-10)

c. Each licensed midwife must make a presentation that must include, without limitation, the following information: (3-29-10)

i. Total number of clients currently in the licensed midwife's care; (3-29-10)

ii. The number of upcoming due dates for clients in the licensed midwife's practice; (3-29-10)

iii. The number of women in the licensed midwife's practice that are postpartum; (3-29-10)

iv. The number of births the licensed midwife has been involved with since the last peer review session; and (3-29-10)

v. One (1) or more specific cases arising since the licensed midwife's last peer review session. The licensed midwife must present any cases involving serious complications or the transport of a mother or baby to the hospital. (3-29-10)

d. 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. (3-29-10)

07. 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. (3-29-10)

08. Hardship Waiver. The Board may waive a licensed midwives annual continuing education requirement for reasons of individual hardship, including health or other good cause. The licensed midwife must request the waiver and provide the Board with any information requested to assist the Board in substantiating the claimed hardship. This waiver is granted at the sole discretion of the Board. (3-29-10)

301. -- 324. (RESERVED)

325. INFORMED CONSENT (RULE 325).

01. Informed Consent Required. A licensed midwife must obtain and document informed consent from a client before caring for that client. The informed consent must be documented on an informed consent form, signed and dated by the client, in which the client acknowledges, at a minimum, that the following information has been provided to the client by the midwife: (3-29-10)

a. The licensed midwife's training and experience; (3-29-10)

b. Instructions for obtaining a copy of the Board's rules; (3-29-10)

c. Instructions for obtaining a copy of the Essential Documents of the NACPM and Analysis of the 2016 Job Analysis Survey, published by NARM; (4-11-19)

d. Instructions for filing complaints with the Board; (3-29-10)

e. Notice that the licensed midwife does or does not have professional liability insurance coverage; (3-29-10)

f. A written protocol for emergencies, including hospital transport that is specific to each individual client; and (3-29-10)

g. A description of the procedures, benefits and risks of out-of-hospital birth, primarily those conditions that may arise during delivery. (3-29-10)

02. Record of Informed Consent. All licensed midwives must maintain a record of all signed informed consent forms for each client for a minimum of nine (9) years after the last day of care for such client. (3-29-10)

326. -- 349. (RESERVED)

350. FORMULARY (RULE 350).

01. Midwifery Formulary. A licensed midwife may obtain and administer, during the practice of midwifery, the following: (3-29-10)

a. Oxygen; (3-29-10)

b. Oxytocin and cytotec as postpartum antihemorrhagic agents; (7-1-14)

c. Injectable local anesthetic for the repair of lacerations that are no more extensive than second degree; (3-29-10)

d. Antibiotics to the mother for group b streptococcus prophylaxis consistent with the guidelines set forth in Prevention of Perinatal Group B Streptococcal Disease, published by the Centers for Disease Control and Prevention; (7-1-14)

e. Epinephrine to the mother administered via a metered dose auto-injector; (7-1-14)

f. Intravenous fluids for stabilization of the woman; (3-29-10)

g. Rho (d) immune globulin; (3-29-10)

h. Vitamin K1; and (3-29-10)

i. Eye prophylactics to the baby. (3-29-10)

02. Other Legend Drugs. During the practice of midwifery a licensed midwife may not obtain or administer legend drugs that are not listed in the midwifery formulary. Drugs of a similar nature and character may be used if determined by the Board to be consistent with the practice of midwifery and provided that at least one hundred twenty (120) days' advance notice of the proposal to allow the use of such drugs is given to the Board of Pharmacy and the Board of Medicine and neither Board objects to the addition of such drugs to the midwifery formulary. (3-29-10)

351. USE OF FORMULARY DRUGS (RULE 351).
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_5LR	Birth of baby
Ampicillin Sodium (Alternative)	Group B Strep Prophylaxis	2 grams initial dose, then 1 gram every 4 hours until birth	IV in $\geq$100 ml NS or LR	Birth of baby

Drug	Indication	Dose	Route of Administration	Duration of Treatment
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_5LR	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 (EpiPen)	Treatment or post-exposure prevention of severe allergic reactions	0.3 ml pre-metered dose	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_5LR) 0.9% Sodium Chloride (NS) Sterile Water	To achieve maternal stabilization Reconstitution of antibiotic powder	I - 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
Vitamin K_1	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

(7-1-14)

352. OBTAINING, STORING, AND DISPOSING OF FORMULARY DRUGS (RULE 352).
A licensed midwife must adhere to the following protocol for obtaining, storing, and disposing of formulary drugs during the practice of midwifery. (3-29-10)

01. Obtaining Formulary Drugs. A licensed midwife may obtain formulary drugs as allowed by law, including, without limitation, from: (3-29-10)

a. A person or entity that is licensed as a Wholesale Distributor by the Idaho State Board of Pharmacy; and (3-29-10)

b. A retail pharmacy, in minimal quantities for office use. (3-29-10)

02. Storing Formulary Drugs. A licensed midwife must store all formulary drugs in secure areas suitable for preventing unauthorized access and for ensuring a proper environment for the preservation of the drugs. However, licensed midwives may carry formulary drugs to the home setting while providing care within the course and scope of the practice of midwifery. The licensed midwife must promptly return the formulary drugs to the secure area when the licensed midwife has finished using them for patient care. (3-29-10)

03. Disposing of Formulary Drugs. A licensed midwife must dispose of formulary drugs using means that are reasonably calculated to guard against unauthorized access by persons and harmful excretion of the drugs into the environment. The means that may be used include, without limitation: (3-29-10)

a. Transferring the drugs to a reverse distributor who is registered to destroy drugs with the U.S. Drug Enforcement Agency; (3-29-10)

b. Removing the drugs from their original containers, mixing them with an undesirable substance

such as coffee grounds or kitty litter, putting them in impermeable, non-descript containers such as empty cans or sealable bags, and throwing the containers in the trash; or (3-29-10)

c. Flushing the drugs down the toilet if the accompanying patient information instructs that it is safe to do so. (3-29-10)

353. -- 354. (RESERVED)

355. MEDICAL WASTE (RULE 355).
A licensed midwife must dispose of medical waste during the practice of midwifery according to the following protocol: (3-29-10)

01. Containers for Non-Sharp, Medical Waste. Medical waste, except for sharps, must be placed in disposable containers/bags which are impervious to moisture and strong enough to preclude ripping, tearing or bursting under normal conditions of use. The bags must be securely tied so as to prevent leakage or expulsion of solid or liquid waste during storage, handling or transport. The containment system must have a tight-fitting cover and be kept clean and in good repair. All bags used for containment of medical waste must be clearly identified by label or color, or both. (3-29-10)

02. Containers for Sharps. Sharps must be placed in impervious, rigid, puncture-resistant containers immediately after use. Needles must not be bent, clipped or broken by hand. Rigid containers of discarded sharps must either be labeled or colored like the disposable bags used for other medical waste, or placed in such labeled or colored bags. (3-29-10)

03. Storage Duration. Medical waste may not be stored for more than seven (7) days, unless the storage temperature is below thirty-two (32) degrees Fahrenheit. Medical waste must never be stored for more than ninety (90) days. (3-29-10)

04. Waste Disposal. Medical waste must be disposed of by persons knowledgeable in handling of medical waste. (3-29-10)

356. SCOPE AND PRACTICE STANDARDS.
A licensed midwife must adhere to the following scope and practice standards when providing antepartum, intrapartum, postpartum, and newborn care. (3-29-10)

01. NACPM Scope and Practice Standards. The Board adopts the Essential Documents of the National Association of Certified Professional Midwives as scope and practice standards for licensed midwives. All licensed midwives must adhere to these scope and practice standards during the practice of midwifery to the extent such scope and practice standards are consistent with the Board's enabling law, Chapter 55, Title 54, Idaho Code. (3-29-10)

02. Conditions for Which a Licensed Midwife May Not Provide Care. A licensed midwife may not provide care for a client with: (3-29-10)

a. A current history of any of the following disorders, diagnoses, conditions, or symptoms: (3-29-10)

i. Placental abnormality; (3-29-10)

ii. Multiple gestation, except that midwives may provide antepartum care that is supplementary to the medical care of the physician overseeing the pregnancy, so long as it does not interfere with the physician's recommended schedule of care; (7-1-14)

iii. Noncephalic presentation at the onset of labor or rupture of membranes, whichever occurs first; (3-29-10)

iv. Birth under thirty-seven and zero-sevenths (37 0/7) weeks and beyond forty-two and zero-sevenths (42 0/7) weeks'-gestational age; or (7-1-14)

v. A body mass index of forty (40.0) or higher at the time of conception; (3-29-10)

b. A past history of any of the following disorders, diagnoses, conditions, or symptoms: (3-29-10)

i. More than one (1) cesarean section, a cesarean section within eighteen (18) months of the estimated due date or any cesarean section that was surgically closed with a classical or vertical uterine incision; (7-1-14)

ii. Platelet sensitization, hematological or coagulation disorders; (7-1-14)

iii. Prior chemotherapy or radiation treatment for a malignancy; (3-29-10)

iv. Previous pre-eclampsia resulting in premature delivery; (3-29-10)

v. Cervical insufficiency; (7-1-14)

vi. HIV positive status; or (7-1-14)

vii. Opiate use that places the infant at risk of neonatal abstinence syndrome. (7-1-14)

03. 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 here in Subsection 356.03 unless such disorders, diagnoses, conditions or symptoms are being treated, monitored or managed by a licensed health care provider. Before providing care to such a client, the licensed midwife must notify the client in writing that the client must obtain the described physician care as a condition to the client's eligibility to obtain maternity care from the licensed midwife. The licensed midwife must, additionally, obtain the client's signed acknowledgement that the client has received the written notice. The disorders, diagnoses, conditions, and symptoms are: (7-1-14)

a. Diabetes; (3-29-10)

b. Thyroid disease; (3-29-10)

c. Epilepsy; (3-29-10)

d. Hypertension; (3-29-10)

e. Cardiac disease; (3-29-10)

f. Pulmonary disease; (3-29-10)

g. Renal disease; (3-29-10)

h. Gastrointestinal disorders; (3-29-10)

i. Previous major surgery of the pulmonary system, cardiovascular system, urinary tract or gastrointestinal tract; (3-29-10)

j. Current abnormal cervical cytology; (3-29-10)

k. Sleep apnea; (3-29-10)

l. Previous bariatric surgery; (3-29-10)

m. Hepatitis; (7-1-14)

n. History of illegal drug use or excessive prescription drug use. For purposes of this Paragraph,

"history" means a "current history," and "illegal drug use" means "illegal drug abuse or addiction"; or (7-1-14)

o. Rh or other blood group disorders and a physician determines the pregnancy can safely be attended by a midwife. (7-1-14)

04. Conditions for Which a Licensed Midwife Must Recommend Physician Involvement. Before providing care for a client with a history of any of the disorders, diagnoses, conditions or symptoms listed in this Subsection 356.04, a licensed midwife must provide written notice to the client that the client is advised to see a physician licensed under Chapter 18, Title 54, Idaho Code, or under an equivalent provision of the law of a state bordering Idaho, during the client's pregnancy. Additionally, the licensed midwife must obtain the client's signed acknowledgement that the client has received the written notice. The disorders, diagnoses, conditions, and symptoms are: (7-1-14)

a. Previous complicated pregnancy; (3-29-10)

b. Previous cesarean section; (3-29-10)

c. Previous pregnancy loss in second or third trimester; (3-29-10)

d. Previous spontaneous premature labor; (3-29-10)

e. Previous pre-term rupture of membranes; (3-29-10)

f. Previous pre-eclampsia; (3-29-10)

g. Previous hypertensive disease of pregnancy; (3-29-10)

h. Parvo; (3-29-10)

i. Toxo; (3-29-10)

j. CMV; (3-29-10)

k. HSV; (3-29-10)

l. Previous maternal/newborn group b streptococcus infection; (3-29-10)

m. A body mass index of at least thirty-five (35.0) but less than forty (40.0) at the time of conception; (3-29-10)

n. Underlying family genetic disorders with potential for transmission; or (3-29-10)

o. Psychosocial situations that may complicate pregnancy. (3-29-10)

05. Conditions for which a Licensed Midwife must Facilitate Hospital Transfer. (3-29-10)

a. Conditions. A licensed midwife must facilitate the immediate transfer of a client to a hospital for emergency care if the client has any of the following disorders, diagnoses, conditions or symptoms: (3-29-10)

i. Maternal fever in labor of more than 100.4 degrees Fahrenheit, in the absence of environmental factors; (7-1-14)

ii. 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; (3-29-10)

iii. Noncephalic presentation at the onset of labor or rupture of membranes, whichever occurs first, unless imminent delivery is safer than transfer; (7-1-14)

iv. Second stage labor after two (2) hours of initiation of pushing when the mother has had a previous cesarean section; (3-29-10)

v. Current spontaneous premature labor; (3-29-10)

vi. Current pre-term premature rupture of membranes; (3-29-10)

vii. Current pre-eclampsia; (3-29-10)

viii. Current hypertensive disease of pregnancy; (3-29-10)

ix. Continuous uncontrolled bleeding; (3-29-10)

x. Bleeding that necessitates the administration of more than two (2) doses of oxytocin or other antihemorrhagic agent; (3-29-10)

xi. Delivery injuries to the bladder or bowel; (3-29-10)

xii. Grand mal seizure; (3-29-10)

xiii. Uncontrolled vomiting; (3-29-10)

xiv. Coughing or vomiting of blood; (3-29-10)

xv. Severe chest pain; or (3-29-10)

xvi. Sudden onset of shortness of breath and associated labored breathing. (3-29-10)

b. Plan for Emergency Transfer and Transport. When facilitating a transfer under Subsection 356.05, the licensed midwife must notify the hospital when the transfer is initiated, accompany the client to the hospital, if feasible, or communicate by telephone with the hospital if the licensed midwife is unable to be present personally. The licensed midwife must also ensure that the transfer of care is accompanied by the client's medical record, which must include: (3-29-10)

i. The client's name, address, and next of kin contact information; (3-29-10)

ii. A list of diagnosed medical conditions; (3-29-10)

iii. A list of prescription or over the counter medications regularly taken; (3-29-10)

iv. A history of previous allergic reactions to medications; and (3-29-10)

v. If feasible, the licensed midwife's assessment of the client's current medical condition and description of the care provided by the licensed midwife before transfer. (3-29-10)

c. Transfer or Termination of Care. A midwife who deems it necessary to transfer or terminate care pursuant to the laws and rules of the Board or for any other reason must transfer or terminate care and will not be regarded as having abandoned care or wrongfully terminated services. Before nonemergent discontinuing of services, the midwife must notify the client in writing, provide the client with names of licensed physicians and contact information for the nearest hospital emergency room and offer to provide copies of medical records regardless of whether copying costs have been paid by the client. (7-1-14)

357. -- 359. (RESERVED)

360. NEWBORN TRANSFER OF CARE OR CONSULTATION (RULE 360).

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: (4-11-15)

a. Respiratory distress defined as respiratory rate greater than eighty (80) or grunting, flaring, or retracting for more than one (1) hour. (4-11-15)

b. Any respiratory distress following delivery with moderate to thick meconium stained fluid. (4-11-15)

c. Central cyanosis or pallor for more than ten (10) minutes. (4-11-15)

d. Apgar score of six (6) or less at five (5) minutes of age. (4-11-15)

e. Abnormal bleeding. (4-11-15)

f. Any condition requiring more than six (6) hours of continuous, immediate postpartum evaluation. (4-11-15)

g. Any vesicular skin lesions. (4-11-15)

h. Seizure-like activity. (4-11-15)

i. Any bright green emesis. (4-11-15)

j. Poor feeding effort due to lethargy or disinterest in nursing for more than two (2) hours immediately following birth. (4-11-15)

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): (4-11-15)

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. (4-11-15)

b. Murmur lasting more than twenty-four (24) hours immediately following birth. (4-11-15)

c. Cardiac arrhythmia. (4-11-15)

d. Congenital anomalies. (4-11-15)

e. Birth injury. (4-11-15)

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. (4-11-15)

g. Any jaundice in the first twenty-four (24) hours after birth or significant jaundice at any time. (4-11-15)

h. No stool for more than twenty-four (24) hours immediately following birth. (4-11-15)

i. No urine output for more than twenty-four (24) hours. (4-11-15)

j. Development of persistent poor feeding effort at any time. (4-11-15)

361. -- 449. (RESERVED)

450. UNPROFESSIONAL CONDUCT (RULE 450).

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, any of the following: (4-7-11)

a. Disregarding a client's dignity or right to privacy as to her person, condition, possessions, or medical record; (3-29-10)

b. Breaching any legal requirement of confidentiality with respect to a client, unless ordered by a court of law; (3-29-10)

c. Submitting a birth certificate known by the licensed midwife to be false or fraudulent, or willfully making or filing false or incomplete reports or records in the practice of midwifery; (3-29-10)

d. Failing to provide information sufficient to allow a client to give fully informed consent; (3-29-10)

e. Engaging in the practice of midwifery while impaired because of the use of alcohol or drugs; (3-29-10)

f. Having a license suspended, revoked, or otherwise disciplined in this or any other state or jurisdiction; (4-7-11)

g. Having been convicted of any felony, or of a lesser crime that reflects adversely on the person's fitness to be a licensed midwife. Such lesser crimes include, but are not limited to, any crime involving the delivery of health care services, dishonesty, misrepresentation, theft, or an attempt, conspiracy or solicitation of another to commit a felony or such lesser crimes. (4-7-11)

h. 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. (3-29-10)

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: (4-7-11)

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; (3-29-10)

b. Suspend or revoke a license; (3-29-10)

c. Impose a civil fine not to exceed one thousand dollars ($1,000) for each violation of the Board's laws and rules; and (3-29-10)

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. (3-29-10)

451. -- 999. (RESERVED)

Subject Index