Midwifery Scope of Practice Advisory Committee

Arizona Department of Health Services
June 3, 2013
4:00-6:30pm
Agenda

• Call to Order- Welcome and Introductions
• Review/Approve May 15, 2013 Minutes
• Discussion of Draft Midwifery Rules
• Public Comment
• Closing Remarks
# Call to Order

**Welcome & Introductions: Will Humble**

<table>
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<tr>
<th>Name</th>
<th>Position</th>
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<tr>
<td>Will Humble</td>
<td>Director, Co-Chair</td>
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<tr>
<td>Cara Christ</td>
<td>Co-Chair</td>
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<tr>
<td>Wendi Cleckner</td>
<td>Licensed Midwife</td>
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<tr>
<td>Mary Langlois</td>
<td>Licensed Midwife</td>
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<tr>
<td>Allyson Fernstrom</td>
<td>Member of the Public</td>
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<td>Julie R. Gunnigle</td>
<td>Member of the Public</td>
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<td>Janice Bovee</td>
<td>Certified Nurse Midwife</td>
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<td>Maria Manriquez</td>
<td>M.D., OB/Gyn</td>
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<td>Susan Hadley</td>
<td>M.D., Family Practice</td>
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<td>Jeffrey Northup</td>
<td>D.O., OB/Gyn</td>
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REVIEW AND APPROVE MINUTES
MAY 15, 2013 MEETING
DISCUSSION OF RULES FOR MIDWIFERY SCOPE OF PRACTICE
Licensing of Midwifery Rules

Definitions

• **Addiction (from Division of Behavioral Health)**
  – means a condition that results when a person ingests a substance that becomes compulsive and interferes with ordinary life responsibilities, such as work, relationships, or health

• **Breech**
  – means a complete breech, a frank breech, or an incomplete breech

• **Complete breech**
  – means that at the time of birth the buttocks of a fetus is pointing downward with both legs folded at the knees and the feet near the buttocks
Licensing of Midwifery Rules

Definitions

• Consultation
  – Now includes certified nurse midwife

• Frank Breech
  – means that at the time of birth the buttocks of a fetus is pointing downward with both legs folded flat up against the head

• Incomplete breech
  – means that at the time of birth the buttocks of a fetus is pointing downward with one leg folded at the knee with the foot near the buttocks
Definitions

• **Serious Mental Illness**
  - means a condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons mental disability 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

• **Substance Abuse**
  - means the continued use of alcohol or other drugs in spite of negative consequences
Application for Initial Licensure

• Defines application requirements:
  – Must be 21 or older
  – Current certification in adult and neonatal CPR
  – Documentation of high school diploma, GED, or higher degree
  – Documentation of certification by NARM

• Must pass the jurisprudence test with 80% or higher to receive initial license
Licensing of Midwifery Rules

Application for Initial Licensure

• Fees:
  – Application fee (non-refundable): $25
  – Jurisprudence test: $100
    • Can be taken as many times without paying an additional fee
  – Licensing fee: $25

• Initial license: issued within 5 days after receiving all documentation and licensing fee
Licensing of Midwifery Rules

Application for Initial Licensure

• Denial of application if the applicant does not:
  – Score 80% or higher on the jurisprudence test with 180 calendar days after notification of eligibility to take the exam, or
  – Submit all documentation and fees with 120 calendar days after they are notified that they passed the jurisprudence test
Licensing of Midwifery Rules

Renewal: every 2 years

• Must be submitted at between 30 to 60 calendar days before the expiration date

• Must show:
  – current NARM certification OR
  – Current Department certification with no lapse in licensing and
    • Current adult and neonatal CPR certification

• Renewal fee: $25
Licensing of Midwifery Rules

Administration

• Must provide written request to be added or removed from the website
• Must notify the Department within 5 days after:
  – A client dies while under the midwife’s care,
  – A stillborn child has been delivered by the midwife, or
  – A newborn delivered by the midwife has died within the first 6 weeks after birth
• Provide a summary of circumstances leading up to the event and actions taken by the midwife in response to the event
Licensing of Midwifery Rules

Administration

• Must maintain
  – Current certification in adult and neonatal CPR
  – NARM certification (except for those grandfathered in)
  – Continuing education requirements for the previous 3 years

• Must be able to provide a copy of the documentation to the Department within 2 working days after it is requested
Licensing of Midwifery Rules

Continuing Education

• Obtain 20 CEUs during the licensing term (2 years) that improve the ability to:
  – Provide services within the scope of Practice
  – Recognize and respond to situations outside of the scope of Practice
  – Provide guidance to other services a client may need
Licensing of Midwifery Rules

Continuing Education

• Expanded CEU approval to include:
  – American Nurses Association,
  – American College of Obstetrics and Gynecologists,
  – Midwives Alliance of North America,
  – Arizona Medical Association,
  – American College of Nurse Midwives,
  – Midwifery Education Accreditation Council, or
  – Another health professional organization.
Licensing of Midwifery Rules

Name Change; Duplicate License

• Name change
  – Submit documentation supporting the name change
• Duplicate license
  – Submit request for a duplicate license
• Non-refundable fee: $10
• Name change will not effect expiration date of the current license
Licensing of Midwifery Rules

Responsibilities of a Midwife; Scope of Practice

• Added back in the exact same language for medication from the current rules
  – No changes from what midwives can currently do

• Will modify to make all testing a required consult
  – Will require additional informed consent if client refuses after consult

• VBAC and Complete Breech effective July 1, 2014
Licensing of Midwifery Rules

Responsibilities of a Midwife; Scope of Practice

• Deleted “low risk”, now requiring midwives to:
  – Provide services to a healthy woman and
  – Expected outcome of pregnancy to be delivery of a healthy newborn and an intact placenta

• Expanded scope of Practice to:
  – Prior Cesarean section
  – Fetus in a complete breech presentation

• Removed multiple gestation
Licensing of Midwifery Rules

Responsibilities of a Midwife; Scope of Practice

• Must inform client of:
  – Midwife's scope of practice, educational background, and credentials;
  – For VBAC and breech, the midwife’s experience with these deliveries
  – Potential risks, adverse outcomes, and alternatives to an at-home delivery
    • Including the need for emergency transport, surgical intervention, and neonatal or maternal complications, including death
Licensing of Midwifery Rules

Responsibilities of a Midwife; Scope of Practice

• Must inform client of (continued)
  – The required tests and potential risks, if declined, the need for written documentation of client's decline;
    • On department approved informed consent
  – The use of a physician for consultation or the use of a health care institution in an emergency
  – Need to transfer of care to an emergency medical services provider, a hospital, or a physician
Licensing of Midwifery Rules

Responsibilities of a Midwife; Scope of Practice

• Written consents must be in Department approved format:
  – Informed consent form (general consent and VBAC/breech)
  – Will include a declining tests informed consent form

• Must be signed by client and midwife
Licensing of Midwifery Rules

Responsibilities of a Midwife; Scope of Practice

• Establish an emergency care plan
  – Identify closest hospital with OB services
    • If VBAC or breech delivery: must be within 25 miles
  – Identify emergency medical services provider
  – Must be signed by midwife and client
Licensing of Midwifery Rules

Responsibilities of a Midwife; Scope of Practice

• Within 28 wks gestation:
  – Blood type, including ABO and Rh, with antibody screen
  – Urinalysis
  – HIV, Hepatitis B, Hepatitis C
  – Syphilis, Gonorrhea, Chlamydia
  – Rubella titer

• 24-28 weeks
  – Blood glucose screening

• 28-36 weeks
  – Hematocrit and hemoglobin (or CBC)

• 35-37 weeks
  – Vaginal-rectal swab for GBS

• Refusal will be moved to required consultation, with required signed informed consent
Licensing of Midwifery Rules

 Responsibilities of a Midwife; Scope of Practice

• Refer for ultrasound:
  – Ultrasound to determine presence of placenta, fetal abnormalities
  – VBAC: Determine placental location and risk for placenta previa and placenta accreta
  – Breech at 36-37 weeks: confirm fetal presentation and estimated fetal weight for breech pregnancy
Licensing of Midwifery Rules

Responsibilities of a Midwife; Scope of Practice

• Visit the client’s home to determine:
  – Environment appropriate for birth
  – Communication available to hospital and EMS provider
Licensing of Midwifery Rules

Responsibilities of a Midwife; Scope of Practice

• During labor:
  – Notify the charge nurse of the hospital identified in the Emergency Action Plan when the client:
    • Begins labor
    • Ends labor
  – Only need to report that a client is laboring or has ended labor
    • Must identify midwife information
    • No client information needed to be reported
Licensing of Midwifery Rules

Scope of Practice

• For VBAC and breech:
  – Determine progress of labor per Friedman’s Curve
    • Rules allow for change to future standards as established by ACOG
  – Progress must be tracked and reported on midwife report
  – If the patient does not meet progress criteria - must initiate a transport

• Does not apply to low risk deliveries
Licensing of Midwifery Rules

Responsibilities of a Midwife; Scope of Practice

• After delivery:
  – Increased time to deliver placenta to 1 hour
  – Provide care to the infant and mother
  – Medication language exactly the same as in current rules
Licensing of Midwifery Rules

Prohibited Practice; Transfer of Care

• Clarified which surgeries were prohibited:
  – Incision in the uterus (except as allowed for VBAC)
  – A previous uterine surgery that enters the myometrium

• Severe psychiatric illness changed to serious mental illness
  – New definition per statute

• Substance abuse
  – New definition per behavioral health
Licensing of Midwifery Rules

Prohibited Practice; Transfer of Care

• Pre-eclampsia or Eclampsia
• Active genital herpes at the onset of labor
• Placenta previa after the first trimester or placenta accreta
• Moved heart disease, kidney disease and blood disease to required consultation
Licensing of Midwifery Rules

Prohibited Practice; Transfer of Care

VBAC

- More than one previous Cesarean section;
- A previous Cesarean section:
  - With a classical, vertical, or unknown uterine incision;
  - Within 18 months prior to expected delivery;
  - With complications, including uterine infection;
  - Due to failure to progress as a result of cephalopelvic insufficiency;
  - Complications during a previous vaginal delivery after a Cesarean section; or
- Has a fetus:
  - With fetal anomalies, confirmed by an ultrasound, or
  - In a breech presentation.
Licensing of Midwifery Rules

Prohibited Practice; Transfer of Care

Breech

• Had a previous:
  – Unsuccessful vaginal delivery or other demonstration of an inadequate maternal pelvis, or
  – Cesarean section; or

• Has a fetus:
  – With fetal anomalies, confirmed by an ultrasound;
  – With an estimated fetal weight less than 2500 grams or more than 3800 grams; or
  – In an incomplete or frank breech presentation.
Licensing of Midwifery Rules

Required Consultation

• Shall obtain a written or **verbal** recommendation
  – Need to document the consultation in the client or newborn record.

• Will move refusal of testing from Prohibited Practice
  – Will require signed informed consent
Licensing of Midwifery Rules

Emergency Measures

• Midwife needs to ensure EMS provider is called in an emergency

• Emergency procedures expanded:
  – Episiotomies are no longer restricted to midline
  – Release of shoulder dystocia maneuvers to include:
    • McRoberts maneuver
    • Suprapubic pressure
    • Woods’ screw maneuver
    • Jacquemier’s maneuver
    • Gaskin maneuver
Licensing of Midwifery Rules

Emergency Measures

• Emergency procedures expanded:
  – Allow exploration of the uterus for control of severe bleeding
  – Allow for manual removal of the placenta

• Medication language exactly the same as in current rules
Licensing of Midwifery Rules

Midwife Report

• Now required to report within 30 calendar days of the termination of midwifery services
• Must be submitted electronically
  – https://www.surveymonkey.com/s/MMY7V9S
• For VBAC and Breech, must report
  – rate of dilation and duration (in hours) of first stage
  – Duration of second stage (in hours)
Licensing of Midwifery Rules

Client and Newborn Records

• Must establish record for both client and newborn

• Client record must contain
  – Informed consent for midwifery services
  – Copy of the emergency care plan
  – For VBAC and breech: rate of dilation and duration
  – Lab and diagnostic reports
Licensing of Midwifery Rules

Client and Newborn Records

• Client record must contain (continued)
  – Documentation of verbal and written consults
  – Description of conditions or circumstances for required transfer of care
  – Outcome of the pregnancy
  – Instructions provided by the midwife to the client before midwifery services were stopped
Licensing of Midwifery Rules

Client and Newborn Records

• Newborn record must contain:
  – Newborn’s information
  – Documentation of verbal and written consults
  – Description of conditions or circumstances for required transfer of care
  – Documentation of newborn screening
  – Instructions provided by the midwife to the client before midwifery services were stopped
Licensing of Midwifery Rules

Denial, Suspension, or Revocation of License; Civil Penalties; Procedures

May deny, suspend, or revoke a license permanently or assess a civil penalty for each violation, for any of the following additional causes:

1. Practicing under a false name or alias so as to interfere with or obstruct the investigative or regulatory process,
2. Practicing under the influence of drugs or alcohol,
3. Falsification of records,
4. Obtaining any fee for midwifery services by fraud or misrepresentation,
5. Permitting another to use the midwife's license, or
6. Knowingly provides false information to the Department.
Scope of Practice Rules

Advisory Committee

• Established to:
  – Review data from midwife reports
  – Examine evidenced based research
  – Recommend to the director changes in regulatory rules

• Consist of: 3 licensed midwives, 1 consumer, 1 licensed physician; 1 nurse midwife
  – Serve at the discretion of the director of the Department,
  – May serve for three-year terms, and
  – Are not eligible for compensation or reimbursement of expenses.
Scope of Practice Rules

Advisory Committee

• Responsible for:
  – Developing an annual statistical report on midwifery and home births
    • Due to the director on or before November 15 of each year
    • Beginning in 2015
  – Recommending to the director changes in the regulatory rules pertaining to midwifery.
PUBLIC COMMENTS

Will Humble

5:30-6:25 pm
CLOSING REMARKS

Will Humble
6:25-6:30 pm