

Statutes and Regulations **Certified Direct-Entry** **Midwives**

August 2011

(Centralized Statutes and Regulations not included)



DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT

***DIVISION OF CORPORATIONS, BUSINESS
AND PROFESSIONAL LICENSING***

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CHAPTER 65.
DIRECT-ENTRY MIDWIVES.

Section

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Sec. 08.65.010. BOARD ESTABLISHED. (a) There is established the Board of Certified Direct-Entry Midwives.

(b) The board consists of five members appointed by the governor subject to confirmation by the legislature in joint session. Members serve for staggered terms of four years and until a successor is appointed and qualified. The board consists of two members who are certified in this state as direct-entry midwives, one physician licensed by the State Medical Board in this state who has an obstetrical practice or has specialized training in obstetrics, one certified nurse midwife licensed by the Board of Nursing in this state, and one public member.

(c) The board shall elect a chair and a secretary from among its members to terms of one year.

(d) A member may serve no more than two complete consecutive terms on the board.

Sec. 08.65.020. MEETINGS. The board shall meet twice annually and may hold special meetings at the call of the chair or on the written notice of two board members.

Sec. 08.65.030. DUTIES AND POWERS OF BOARD. (a) The board shall

- (1) examine applicants and issue certificates to those applicants it finds qualified;
- (2) adopt regulations establishing certification and certificate renewal requirements;
- (3) issue permits to apprentice direct-entry midwives;
- (4) hold hearings and order the disciplinary sanction of a person who violates this chapter or a regulation of the board;
- (5) supply forms for applications, licenses, permits, certificates, and other papers and records;
- (6) report annually to the governor and the department on the board's proceedings during the year;
- (7) enforce the provisions of this chapter and adopt regulations necessary to make the provisions of this chapter effective;
- (8) approve curricula and adopt standards for basic education, training, and apprentice programs;
- (9) provide for surveys of the basic direct-entry midwife education programs in the state at the times it considers necessary;
- (10) approve education, training, and apprentice programs that meet the requirements of this chapter and of the board, and deny, revoke, or suspend approval of such programs for failure to meet the requirements.

(b) The board may by regulation require that a certified direct-entry midwife undergo a uniform or random period of peer review to ensure the quality of care provided by the certified direct-entry midwife.

Sec. 08.65.040. PROCEDURES. The Administrative Procedure Act (AS 44.62) applies to regulations and proceedings under this chapter.

Sec. 08.65.050. QUALIFICATIONS FOR LICENSE. The board shall issue a certificate to practice direct-entry midwifery to a person who

- (1) applies on a form provided by the board;
- (2) pays the fees required under AS 08.65.100;
- (3) furnishes evidence satisfactory to the board that the person has not engaged in conduct that is a ground for imposing disciplinary sanctions under AS 08.65.110;

- (4) furnishes evidence satisfactory to the board that the person has completed a course of study and supervised clinical experience; the study and experience must be of at least one year's duration;
- (5) successfully completes the examination required by the board.

Sec. 08.65.060. EXAMINATIONS. The board shall conduct examinations at least once each year. Examinations may be written, oral, or practical or a combination of these. The board shall utilize the examination provided by a nationally certified midwives organization recognized by the board. An applicant who has failed the examination may not retake the examination for a period of six months. An applicant who has failed the examination more than one time may not retake the examination unless the applicant has participated in or successfully completed further education and training programs as prescribed by the board. The board may require an applicant to pass an examination about Alaska laws that are applicable to the profession of direct-entry midwives.

Sec. 08.65.070. LICENSURE BY CREDENTIALS. The board may by regulation provide for the certification without examination of a person who meets the requirements of AS 08.65.050(1) — (4), who is currently licensed in another state with licensing requirements at least equivalent in scope, quality, and difficulty to those of this state, and who has passed the national examination required of certified direct-entry midwives in this state. At a minimum, an applicant for certification by credentials

- (1) may not be the subject of an unresolved complaint or disciplinary action before a regulatory authority in this state or another jurisdiction;
- (2) may not have failed the examination for a certificate or license to practice midwifery in this state;
- (3) may not have had a certificate or license to practice midwifery revoked in this state or another jurisdiction;
- (4) shall submit proof of continued competency satisfactory to the board; and
- (5) shall pay the required fees.

Sec. 08.65.080. RENEWAL. A certificate issued under AS 08.65.050 or 08.65.070 expires on a date determined by the board and may be renewed every two years upon payment of the required fee and the submission of evidence satisfactory to the board that the certified direct-entry midwife has met the continuing education requirements of the board, has demonstrated continued practical professional competence under regulations adopted by the board, and has not committed an act that is a ground for discipline under AS 08.65.110.

Sec. 08.65.090. APPRENTICE DIRECT-ENTRY MIDWIVES. (a) The board shall issue a permit to practice as an apprentice direct-entry midwife to a person who satisfies the requirements of AS 08.65.050 (1) — (3) and who has been accepted into a program of education, training, and apprenticeship approved by the board under AS 08.65.030. A permit application under this section must include information the board may require. The permit is valid for a term of two years and may be renewed in accordance with regulations adopted by the board.

(b) An apprentice direct-entry midwife may perform all the activities of a certified direct-entry midwife if supervised in a manner prescribed by the board by

- (1) a certified direct-entry midwife who has been licensed and practicing in this state for at least two years;
 - (2) a certified direct-entry midwife who has been licensed for at least two years in a state with licensing requirements at least equivalent in scope, quality, and difficulty to those of this state at the time of licensing, who is certified in this state, and who has practiced midwifery for the last two years;
 - (3) a physician licensed in this state with an obstetrical practice at the time of undertaking the apprenticeship;
- or
- (4) a certified nurse midwife licensed by the Board of Nursing in this state with an obstetrical practice at the time of undertaking the apprenticeship.

Sec. 08.65.100. FEES. The department shall set fees under AS 08.01.065 to implement this chapter.

Sec. 08.65.110. GROUNDS FOR DISCIPLINE, SUSPENSION, OR REVOCATION OF CERTIFICATION. The board may impose a disciplinary sanction on a person holding a certificate or permit under this chapter if the board finds that the person

- (1) secured a certificate or permit through deceit, fraud, or intentional misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;
- (3) advertised professional services in a false or misleading manner;
- (4) has been convicted of a felony or other crime that affects the licensee's ability to continue to practice competently and safely;
- (5) intentionally or negligently engaged in or permitted the performance of client care by persons under the certified direct-entry midwife's supervision that does not conform to minimum professional standards regardless of whether actual injury to the client occurred;
- (6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;
- (7) continued to practice after becoming unfit due to

- (A) professional incompetence;
 - (B) failure to keep informed of current professional practices;
 - (C) addiction or severe dependency on alcohol or other drugs that impairs the ability to practice safely;
 - (D) physical or mental disability;
- (8) engaged in lewd or immoral conduct in connection with the delivery of professional service to clients.

Sec. 08.65.120. DISCIPLINARY SANCTIONS. (a) When it finds that a person holding a certificate or permit is guilty of an offense under AS 08.65.110, the board, in addition to the powers provided in AS 08.01.075, may impose the following sanctions singly or in combination:

- (1) permanently revoke a certificate or permit to practice;
 - (2) suspend a certificate or permit for a determinate period of time;
 - (3) censure a person holding a certificate or permit;
 - (4) issue a letter of reprimand;
 - (5) place a person holding a certificate or permit on probationary status and require the person to
 - (A) report regularly to the board upon matters involving the basis of probation;
 - (B) limit practice to those areas prescribed;
 - (C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the board to need improvement;
 - (6) impose limitations or conditions on the practice of a person holding a certificate or permit.
- (b) The board may withdraw probationary status if it finds that the deficiencies that required the sanction have been remedied.

(c) The board may summarily suspend a certificate or permit before final hearing or during the appeals process if the board finds that the person holding a certificate or permit poses a clear and immediate danger to the public health and safety if the person continues to practice. A person whose certificate or permit is suspended under this subsection shall be entitled to a hearing by the board no later than seven days after the effective date of the order. The person may appeal the suspension after a hearing to the superior court.

(d) The board may reinstate a certificate or permit that has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with reasonable skill and safety.

(e) The board shall seek consistency in the application of disciplinary sanctions, and significant departure from prior decisions involving similar situations shall be explained in findings of fact or orders.

Sec. 08.65.130. CRIMINAL PENALTY. A person who violates this chapter is guilty of a class B misdemeanor.

Sec. 08.65.140. REQUIRED PRACTICES. (a) Except as provided in (d) of this section, a certified direct-entry midwife may not assume the care or delivery of a client unless the certified direct-entry midwife has recommended that the client undergo a physical examination performed by a physician, physician assistant, advanced nurse practitioner, or certified nurse midwife, who is licensed in this state.

(b) A certified direct-entry midwife shall inform a woman seeking home birth of the possible risks of home birth and shall obtain a signed informed consent, including the recommendation for a physical examination required under (a) of this section, from the woman before the onset of labor. The consent shall be maintained by the certified direct-entry midwives as part of the woman's record. A certified direct-entry midwife shall accept full legal responsibility for the direct-entry midwife's acts or omissions.

(c) A certified direct-entry midwife shall comply with the requirements of AS 18.15.150 concerning taking of blood samples, AS 18.15.200 concerning screening of phenylketonuria (PKU), AS 18.50.160 concerning birth registration, AS 18.50.230 concerning registration of deaths, AS 18.50.240 concerning fetal death registration, and regulations adopted by the Department of Health and Social Services concerning prophylactic treatment of the eyes of newborn infants.

- (d) A certified direct-entry midwife may not knowingly deliver a woman who
- (1) has a history of thrombophlebitis or pulmonary embolism;
 - (2) has gestational diabetes, diabetes, hypertension, Rh disease with positive titer, active tuberculosis, active syphilis, active gonorrhea, epilepsy, heart disease, or kidney disease;
 - (3) contracts genital herpes simplex in the first trimester of pregnancy or has active genital herpes in the last two weeks of pregnancy;
 - (4) has severe psychiatric illness;
 - (5) inappropriately uses controlled substances, including those obtained by prescription;
 - (6) has multiple gestation;
 - (7) has a fetus of less than 37 weeks gestation at the onset of labor;
 - (8) has a gestation of more than 42 weeks by dates and examination;
 - (9) has a fetus in any presentation other than vertex at the onset of labor;
 - (10) is a primigravida with an unengaged fetal head in active labor, or any woman who has rupture of membranes with unengaged fetal head, with or without labor;
 - (11) has a fetus with suspected or diagnosed congenital anomalies that may require immediate medical intervention;

- (12) has pre-eclampsia or eclampsia;
- (13) has bleeding with evidence of placenta previa;
- (14) has any condition determined by the board to be of high risk to the pregnant woman and newborn;
- (15) has had a previous caesarian delivery or other uterine surgery;
- (16) experienced the rupture of membranes at least 24 hours before the onset of labor; or
- (17) is less than 16 years of age at the time of delivery.

(e) Notwithstanding (d) of this section, a certified direct-entry midwife may deliver a woman with any of the complications or conditions listed in (d)(1) — (17) of this section if

- (1) the delivery is a verifiable emergency; and
- (2) a physician or certified nurse midwife is not available in the geographic vicinity.

(f) A certified direct-entry midwife may not attempt to correct fetal presentation by external or internal inversion unless

- (1) there is a verifiable emergency; and
- (2) a physician or certified nurse midwife is not available in the geographic vicinity.

Sec. 08.65.150. PROHIBITED PRACTICES. Except as provided in AS 08.65.170, a person who is not certified under this chapter as a direct-entry midwife may not practice midwifery for compensation.

Sec. 08.65.160. CERTIFICATION REQUIRED IF DESIGNATION USED. A person who is not certified under this chapter or whose certification is suspended or revoked, or whose certification has lapsed, who knowingly uses in connection with the person’s name the words or letters “C.D.M.,” “Certified Direct-Entry Midwife,” or other letters, words, or insignia indicating or implying that the person is certified as a direct-entry midwife by this state or who in any way, orally or in writing, directly or by implication, knowingly holds out as being certified by the state as a direct-entry midwife in this state is guilty of a class B misdemeanor.

Sec. 08.65.170. EXCLUSIONS. This chapter does not apply to a person

- (1) who is licensed as a physician in this state;
- (2) who is licensed as a certified nurse midwife by the Board of Nursing in this state;
- (3) who is practicing midwifery on the effective date of this Act and who receives compensation for services if the person’s cultural traditions have included, for at least two generations, the attendance of lay midwives at births, and if the person has attended at least 10 births;
- (4) whose cultural traditions have included, for at least two generations, the attendance of midwives at births, who accepts compensation for the practice of midwifery if the person has assisted another in at least 10 births and the person assisted is excluded from registration under this section or is a certified direct-entry midwife, physician, nurse midwife, or public health nurse.

Sec. 08.65.180. RESPONSIBILITY FOR CARE. If a certified direct-entry midwife seeks to consult with or refer a patient to a licensed physician, the responsibility of the physician for the patient does not begin until the patient is physically within the physician’s care.

Sec. 08.65.190. DEFINITIONS. In this chapter,

- (1) “board” means the Board of Certified Direct-Entry Midwives;
- (2) “department” means the Department of Commerce, Community, and Economic Development;
- (3) “practice of midwifery” means providing necessary supervision, health care, and education to women during pregnancy, labor, and the postpartum period, conducting deliveries on the midwife’s own responsibility, and providing immediate postpartum care of the newborn; “practice of midwifery” includes preventative measures, the identification of physical, social, and emotional needs of the newborn and the woman, and arranging for consultation, referral, and continued involvement when the care required extends beyond the abilities of the midwife, and the execution of emergency measures in the absence of medical assistance, as specified in regulations adopted by the board.

CHAPTER 14.
BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES

Article

1. **Certification Requirements (12 AAC 14.100 – 12 AAC 14.130)**
2. **Education and Experience (12 AAC 14.200 – 12 AAC 14.220)**
3. **Examination (12 AAC 14.300)**
4. **Renewal and Continuing Competency Requirements (12 AAC 14.400 – 12 AAC 14.470)**
5. **Duties and Responsibilities (12 AAC 14.500 – 12 AAC 14.580)**
6. **Emergency Measures (12 AAC 14.600 – 12 AAC 14.620)**
7. **General Provisions (12 AAC 14.900 – 12 AAC 14.990)**

ARTICLE 1.
CERTIFICATION REQUIREMENTS.

Section

100. **(Repealed)**
110. **Certification by examination**
120. **Certification by credentials**
130. **Review of an apprentice direct-entry midwife permit application**
140. **Application made under oath or affirmation; disciplinary sanctions**

12 AAC 14.100. TRANSITIONAL CERTIFICATION. *Repealed 1/1/2000.*

12 AAC 14.110. CERTIFICATION BY EXAMINATION. (a) The board will issue a certificate as a direct-entry midwife to an applicant who meets the requirements of this section and passes the examination required in 12 AAC 14.300.

(b) An applicant for certification shall

- (1) submit documentation that the applicant is at least 18 years of age;
- (2) apply on a form provided by the department;
- (3) pay the fees established in 12 AAC 02.145;
- (4) submit verification of a high school education or its equivalent;
- (5) submit copies verifying certification current at the time of application in

(A) the Basic Life Support for Health Care Providers Program (BLS);

(B) intravenous therapy treatment for Group B *Streptococci*, from the Midwives' Association of Alaska (MAA), or from a program approved by the Midwifery Education Accreditation Council (MEAC);

(C) intravenous therapy, from the Midwives' Association of Alaska (MAA), or from a program approved by the Midwifery Education Accreditation Council (MEAC); and

(D) the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics, or neonatal resuscitation from the Midwives' Association of Alaska (MAA);

(6) submit an affidavit signed by the applicant that verifies compliance with AS 08.65.050(3); and

(7) submit written evidence of satisfactory completion of the course of study requirements in 12 AAC 14.200 and supervised clinical experience requirements in 12 AAC 14.210; the combined length of study and experience must be at least one year.

(c) In order to be scheduled for review by the board at its next regularly scheduled meeting, a complete application for certification and all supporting documents, including the requirements of (b) of this section, must be received by the division's Juneau office at least 30 days before the date of the next regularly scheduled meeting of the board.

(d) The board will approve a program as a substitution for a program required under (b)(5) of this section, if the board determines that the substitute program is equivalent to the program required under (b)(5) of this section.

Authority: AS 08.65.030 AS 08.65.050

Editor's note: *The division's Juneau office mailing address is State of Alaska, Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806, and its physical address is State Office Building, 9th Floor, 333 Willoughby Avenue, Juneau, Alaska.*

12 AAC 14.120. CERTIFICATION BY CREDENTIALS. (a) The board will issue a certificate by credentials to practice as a direct-entry midwife to an applicant who meets the requirements of AS 08.65.070 and this section.

(b) An applicant for a certification by credentials under this section must submit

- (1) a complete and notarized application on a form provided by the department;
- (2) the applicable fees established in 12 AAC 02.145;

- (3) an authorization from the applicant for release of the applicant's records to the department, on a form provided by the department;
 - (4) copies verifying certification current at the time of application in
 - (A) the Basic Life Support for Health Care Providers Program (BLS);
 - (B) intravenous therapy treatment for Group B *Streptococci*, from the Midwives' Association of Alaska (MAA), or from a program approved by the Midwifery Education Accreditation Council (MEAC);
 - (C) intravenous therapy, from the Midwives' Association of Alaska (MAA), or from a program approved by the Midwifery Education Accreditation Council (MEAC); and
 - (D) the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics, or neonatal resuscitation from the Midwives' Association of Alaska (MAA);
 - (5) verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice midwifery; at least one verification must indicate a current license in good standing; the verifications must document that the applicant is not the subject of any unresolved complaints or any unresolved disciplinary actions and has never had a license to practice midwifery revoked;
 - (6) an affidavit signed by the applicant or by a state licensing agency verifying that the applicant completed a course of study and supervised clinical experience of at least one year's duration as required under AS 08.65.050;
 - (7) verification of passing the North American Registry of Midwives Examination (NARM) sent directly to the department from NARM;
 - (8) documentation of fulfillment of the continuing competency requirements in 12 AAC 14.420 – 12 AAC 14.430 during the two years immediately preceding the date of application;
 - (9) an affidavit from the applicant on a form provided by the department documenting that the applicant was the primary or assisting midwife for at least 10 births, five of which the applicant was the primary midwife, within the 24 months preceding the date of application; the affidavit must include the information required in 12 AAC 14.210(e)(1) – (8).
- (c) In order to be scheduled for review by the board at its next regularly scheduled meeting, a complete application for certification and all supporting documents, including the requirements of (b) of this section, must be received by the division's Juneau office at least 30 days before the date of the next regularly scheduled meeting of the board.
- (d) The board will approve a program as a substitution for a program required under (b)(4) of this section, if the board determines that the substitute program is equivalent to the program required under (b)(4) of this section.

Authority: AS 08.65.030 AS 08.65.070

12 AAC 14.130. REVIEW OF AN APPRENTICE DIRECT-ENTRY MIDWIFE PERMIT APPLICATION. (a) A person may not practice as an apprentice direct-entry midwife in this state unless that person has been issued a permit under this section.

- (b) An applicant who meets the requirements on the checklist set out in (c) of this section has demonstrated the necessary qualifications for an apprentice direct-entry midwife permit. An applicant who does not meet the requirements on the checklist or whose application documents do not clearly show that the applicant is qualified to receive an apprentice direct-entry midwife permit will not be issued a permit unless the board further reviews the application and determines that the applicant meets the qualifications in AS 08.65 and this chapter for that permit.
- (c) The following checklist is established by the board for review by staff of an application for an apprentice direct-entry midwife permit. An apprentice direct-entry midwife permit will be issued to an applicant who
- (1) submits a completed application on a form provided by the department, that includes the applicant's
 - (A) name, mailing address and telephone number;
 - (B) date of birth that shows the applicant is at least 18 years of age; and
 - (C) signed authorization for release of records;
 - (2) pays the application fee and the apprentice direct-entry midwife permit fee established in 12 AAC 02.145;
 - (3) certifies that the applicant has earned a high school diploma or its equivalent and provides the name of the issuing institution and the date the diploma or its equivalent was issued;
 - (4) submits an affidavit signed by the applicant that verifies compliance with AS 08.65.050(3);
 - (5) submits verification of acceptance into an apprenticeship program that the board has approved under 12 AAC 14.220; and
 - (6) submits verification of current certification in Basic Life Support for Health Care Providers (BLS).
- (d) As part of the verification of acceptance into an approved apprenticeship program, the applicant must provide written documentation of a relationship with an apprenticeship program preceptor.
- (e) An apprentice direct-entry midwife shall submit written notice to the department within 30 days after any addition or change to the relationship with the apprenticeship program preceptor.
- (f) An apprentice direct-entry midwife permit may be renewed by meeting the requirements of 12 AAC 14.410.
- (g) In this section, "apprenticeship program preceptor" means an individual who meets the supervisory requirements of AS 08.65.090(b).

Authority: AS 08.65.030 AS 08.65.090

12 AAC 14.140. APPLICATION MADE UNDER OATH OR AFFIRMATION; DISCIPLINARY SANCTIONS. The applicant must sign the application and swear to or affirm the truth of its contents. False or misleading statements or information on the application, whether or not made knowingly, are grounds for denial of approval to take an examination under AS 08.65 or for disciplinary sanctions under AS 08.65.120.

Authority: AS 08.65.030 AS 08.65.110 AS 08.65.120
AS 08.65.050

ARTICLE 2. EDUCATION AND EXPERIENCE.

Section

- 200. Course of study requirements**
- 210. Supervised clinical experience requirements**
- 220. Apprenticeship programs**

12 AAC 14.200. COURSE OF STUDY REQUIREMENTS. (a) An acceptable course of study for certification as a direct-entry midwife must include

- (1) the following subjects related to health and social sciences and services:
 - (A) communication, counseling, and teaching techniques, including client education;
 - (B) human anatomy and physiology relevant to human reproduction;
 - (C) community standards of care, including standards for midwifery and medical standards for women during the childbearing cycle;
 - (D) communication and collaboration with community health and social resources for women and children;
 - (E) documentation of client care through the childbearing cycle;
 - (F) informed decision making;
 - (G) health education, health promotion, and self care;
 - (H) clean and aseptic techniques, and universal precautions;
 - (I) psychosocial, emotional, and physical components of human sexuality, including indicators of common problems and methods of counseling;
 - (J) ethical considerations relevant to reproductive health;
 - (K) epidemiologic concepts and terms relevant to perinatal and women's health;
 - (L) principles of accessing and evaluating current research relevant to midwifery practice;
 - (M) family centered care including maternal, infant, and family bonding;
 - (N) appropriate referral of women and their families for treatment of disease;
 - (O) importance of accessible, quality health care for all women that includes continuity of care;
- (2) the following subjects related to antepartum care:
 - (A) preconceptional factors likely to influence pregnancy outcome;
 - (B) basic genetics, embryology, and fetal development;
 - (C) anatomy and assessment of the soft and bony structure of the pelvis;
 - (D) identification and assessment of the normal changes in pregnancy, fetal growth, and position;
 - (E) nutritional requirements for pregnant women and methods of nutritional assessment and counseling;
 - (F) environmental and occupational hazards for pregnant women;
 - (G) education and counseling to promote health throughout the childbearing cycle;
 - (H) methods of diagnosing pregnancy including the testing of urine and blood;
 - (I) common discomforts of pregnancy, including the etiology and treatment of those discomforts, and the appropriate referral when indicated;
 - (J) assessment of physical and emotional status, including relevant historical and psychosocial data;
 - (K) counseling for individual birth experiences, parenthood, and changes in the family;
 - (L) screening and diagnostic tests, including ultrasound and laboratory tests, that are used during pregnancy, with indications for use and the risks and benefits of the tests;
 - (M) the etiology, assessment, treatment, and appropriate referral related to abnormalities of pregnancy;
 - (N) identification, implications, and the appropriate treatment of various sexually transmitted diseases (STD) and vaginal infections during pregnancy;
 - (O) special needs of the woman with Rh negative type blood;
 - (P) identification and care of women who are human immune deficiency virus (HIV) positive, have hepatitis, or have other diseases;
- (3) the following subjects related to intrapartum care:
 - (A) normal labor and birth processes;
 - (B) anatomy of the fetal skull, including its critical landmarks;
 - (C) assessment of maternal and fetal status;
 - (D) emotional changes, comfort, and support during labor, birth, and immediately postpartum;
 - (E) techniques to aid the spontaneous vaginal delivery of the baby and placenta;

- (F) abnormalities of the four stages of labor, including the etiology and assessment of those abnormalities, and the appropriate referral, transport, and emergency measures indicated for the fetus, mother, or newborn affected by those abnormalities, including
- (i) review of the side effects and administration of pharmaceutical agents, such as emergency administration of pitocin to control postpartum hemorrhage; and
 - (ii) performing an emergency episiotomy;
- (G) adaptation of the newborn to life after birth;
- (H) medical interventions and technologies used during labor and birth;
- (I) assessment and care of the perineum and surrounding tissues;
- (4) the following subjects related to postpartum care:
- (A) anatomy and physiology of the newborn during the postpartum period;
 - (B) anatomy, physiology, lactation, and appropriate care of the breast;
 - (C) assessment and promotion of postpartum recovery;
 - (D) the etiology and management of the discomforts of the postpartum period;
 - (E) emotional, psychosocial, and sexual changes that may occur during the postpartum period;
 - (F) nutritional requirements for women during the postpartum period;
 - (G) abnormalities of the postpartum period, including the etiology, assessment, treatment, and appropriate referral of the mother or newborn experiencing the abnormalities;
 - (H) assessment of the breastfeeding relationship, identification of lactation problems, and making appropriate referrals;
- (5) the following subjects related to neonatal care:
- (A) anatomy and physiology of the newborn as they relate to the newborn's adaptation and stabilization in the first days of life;
 - (B) methods for assessing newborn status including relevant historical data and gestational age;
 - (C) nutritional needs of the newborn;
 - (D) administration of prophylactic treatments commonly used during the neonatal period, including state laws applicable to that administration;
 - (E) common screening tests for the newborn, including indications, risks, benefits, and methods of performing those tests;
 - (F) neonatal abnormalities, including the etiology and assessment of those abnormalities, and the screening and diagnostic tests, emergency measures, appropriate transport, referral, and treatment necessary as a result of those abnormalities;
- (6) the following subjects related to family planning and well woman care:
- (A) steroidal, mechanical, chemical, physiological, and surgical conception control methods;
 - (B) issues involved in decision making regarding unplanned pregnancies and resources for counseling and referral;
 - (C) abnormalities of the reproductive system and breast, including the etiology and assessment of those abnormalities, and the treatment and appropriate referral of the woman experiencing those abnormalities;
 - (D) assessment of physical and emotional status, including relevant historical data;
- (7) training on the performance of the following permitted practices:
- (A) catheterization of the urinary bladder;
 - (B) clamping and cutting of the umbilical cord;
 - (C) artificial rupture of the amniotic membranes;
 - (D) venipuncture;
 - (E) capillary blood sampling; and
 - (F) suturing;
- (8) the following subjects related to professional, legal, and other aspects of midwifery practice:
- (A) peer review, chart review, case presentation, and developing midwifery protocols;
 - (B) data collection and analysis relevant to midwifery practice;
 - (C) laws governing the practice of midwifery in the state;
 - (D) history of midwifery, medicine, and health care in the United States;
 - (E) organization of maternal and infant care in the United States and the factors affecting that care; and
 - (F) various sites, styles, and modes of practice within midwifery.
- (b) Before March 3, 2007, to meet the requirements of (a) of this section, a course of study must be approved by the board or accredited by the Midwifery Education Accreditation Counsel (MEAC). On or after March 3, 2007 regarding a course of study to meet the requirements of (a) of this section, the board
- (1) will only approve a course of study, if the course of study was approved by the board before March 3, 2007, or the course of study has been accredited or pre-approved for accreditation by MEAC; and
 - (2) may withdraw approval made by the board before March 3, 2007, if the board determines that the course of study no longer meets the requirements of (a) of this section.
- (c) An applicant shall document completion of a course of study that meets the requirements of (a) of this section by submitting
- (1) an official transcript, diploma, or certificate of graduation, sent directly to the department from a MEAC accredited institution where the applicant completed the course of study; or

(2) a notarized course of study certification form, provided by the department, signed by the course of study provider and the applicant's primary preceptor.

(d) The board may require additional documentation it considers necessary to verify an applicant's study of a subject, including an essay written by the applicant on subjects studied independently.

(e) The board will maintain a list of organized courses of study that it finds meets the requirements of (a) of this section. The board will review the list biennially to determine if the course of study on the list continues to meet the requirements of (a) of this section. The board will remove a course from the list if the board determines based on its review that the course no longer meets the requirements of (a) of this section.

(f) Notwithstanding (b) and (e) of this section, the board may accept a course of study that is not on the list maintained under (e) of this section, if the board finds that

- (1) the applicant was enrolled in the course of study at the time the course was on the list;
- (2) hardship would result to the applicant to enroll in another course of study; and
- (3) the course of study continues to provide the core subjects listed in (a) of this section.

(g) A course of study must include at a minimum a comprehensive mid-course of study examination and a final comprehensive examination that covers all of the topics in (a) of this section.

Authority: AS 08.65.030 AS 08.65.050

12 AAC 14.210. SUPERVISED CLINICAL EXPERIENCE REQUIREMENTS. (a) An applicant must have completed all clinical experience requirements of this section under the supervision of a preceptor who

- (1) meets the qualifications of AS 08.65.090(b); or
- (2) is a midwife who has been licensed in another state or country and practicing midwifery for at least the two years immediately preceding the date that the supervision began, and as determined by the board, the state or country in which the midwife has been licensed had licensing requirements substantially equivalent in scope, quality, and difficulty to those of this state at the time of licensure; or
- (3) is a physician licensed in another state or country with an obstetrical practice at the time of the supervision; or
- (4) is a certified nurse midwife licensed in another state or country with an obstetrical practice at the time of the supervision; or
- (5) has met the requirements of AS 08.65.050(3) and (4); the course of study must have included the subjects listed in 12 AAC 14.200(a); the supervised clinical experience must have met the requirements of this section.

(b) Supervised clinical experience must have included at least the following types and numbers of experiences:

- (1) 100 prenatal visits;
- (2) 10 labor and delivery observations that preceded any primary responsibility for labor and delivery;
- (3) 20 assisted labor managements that preceded any primary responsibility for labor and delivery;
- (4) primary responsibility for 30 labor and deliveries of the newborn and placenta;
- (5) 30 newborn examinations; and
- (6) 30 postpartum examinations of the mother.

(c) As part of the supervised clinical experiences required in (b) of this section, an applicant must have provided continuous care to at least 15 clients. "Continuous care" means, for the same client, the applicant

- (1) performed at least six prenatal visits;
- (2) observed, assisted with, or had primary responsibility for labor and delivery of the newborn and placenta;
- (3) performed a newborn examination; and
- (4) performed a postpartum examination of the mother.

(d) An applicant must have completed at least 10 of the supervised clinical experiences required in (b)(3) and (4) of this section, in any combination, within the two years immediately preceding the date of application.

(e) On a form provided by the department, an applicant shall document the applicant's clinical experience, including the following information, if applicable:

- (1) the date of birth;
- (2) the location of birth;
- (3) the infant's gender;
- (4) the infant's weight;
- (5) the name of the person who managed the labor;
- (6) the name of the person who delivered the newborn and placenta;
- (7) any complication and its outcome;
- (8) a detailed explanation of any situation that required emergency transport; and
- (9) the signature of the applicant's preceptor verifying that the experience was supervised and that the care provided was within the scope of AS 08.65 and this chapter.

(f) An applicant's preceptor shall test the applicant and keep a record of the applicant's performance of practical skills on the form titled *Practical Skills List for Alaska Certified Direct-Entry Midwives*, dated January 2003, adapted from the copyrighted 2002 version of the North American Registry of Midwives and used by permission, and adopted by reference. This form is provided by the department and is established by the board for use by a preceptor to document an applicant's completion of the practical skills required by the board. The requirements of

this subsection do not apply to an applicant who has graduated from a school of midwifery pre-approved or accredited by the Midwifery Education Accreditation Council (MEAC).

Authority: AS 08.65.030 AS 08.65.050

Editor's note: Copies of the Practical Skills List for Alaska Certified Direct-Entry Midwives adopted by reference in 12 AAC 14.210(f) may be obtained from the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, Board of Certified Direct-Entry Midwives, P.O. Box 110806, Juneau, AK 99811-0806; Phone: (907) 465-2580.

12 AAC 14.220. APPRENTICESHIP PROGRAMS. (a) To be approved by the board, an apprenticeship program must

- (1) be for a duration of at least one year;
- (2) be conducted under the supervision of an apprenticeship program preceptor; and
- (3) provide a training program for an apprentice that meets the course of study and supervised clinical experience requirements of 12 AAC 14.200 and 12 AAC 14.210.

(b) For purposes of this section, an apprenticeship program preceptor means an individual who meets the supervisory requirements of AS 08.65.090(b), or, until December 27, 1994, a preceptor who meets the requirements of sec. 11, ch. 130, SLA 1992.

Authority: AS 08.65.030 AS 08.65.090

ARTICLE 3. EXAMINATION.

Section

300. Examination

12 AAC 14.300. EXAMINATION. (a) The examination required for certification as a direct-entry midwife is the national examination prepared and graded by the North American Registry of Midwives. The national examination required under this subsection for certification is

(1) any version of the national examination administered before February 18, 1994, if the applicant passed the examination before February 18, 1994; or

(2) any version of the national examination, revised on or after December 28, 1993.

(b) An applicant for certification as a direct-entry midwife must submit a certified true copy of the results of the national examination specified in (a) of this section showing that the applicant has received a passing score on the national examination.

(c) In order to be scheduled for an examination, the following items must be received by the division's Juneau office from the applicant no later than 60 days before the scheduled date for that examination:

(1) a complete, notarized application on a form provided by the department;

(2) the fees established under 12 AAC 02.145;

(3) copies of certification current at the time of application in

(A) the Basic Life Support for Health Care Providers Program (BLS); and

(B) the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics, or neonatal resuscitation from the Midwives' Association of Alaska (MAA);

(4) an authorization from the applicant for release of the applicant's records to the department, on a form provided by the department; and

(5) a notarized academic program completion certification form, provided by the department, signed by the applicant's primary preceptor.

Authority: AS 08.65.030 AS 08.65.050 AS 08.65.060

Editor's note: The examination described in 12 AAC 14.300 is prepared by the North American Registry of Midwives, 5257 Rosestone Drive NW, Lilburn, GA 30047-4893. Information regarding the examination may be obtained by contacting the division of corporations, business and professional licensing offices in Anchorage and Juneau.

ARTICLE 4.
RENEWAL AND CONTINUING COMPETENCY REQUIREMENTS.

Section

- 400. Certification renewal requirements**
- 410. Apprentice permit renewal requirements**
- 420. Continuing education requirements**
- 430. Approved continuing education programs**
- 440. Continuing professional practice requirements**
- 450. Continuing competency requirements for first time certificate renewals**
- 460. Verification of compliance**
- 470. Reinstatement of a lapsed certificate**

12 AAC 14.400. CERTIFICATION RENEWAL REQUIREMENTS. (a) A certificate as a direct-entry midwife expires on December 31 of even numbered years.

- (b) A certified direct-entry midwife applying for certificate renewal shall
- (1) apply on a form provided by the department;
 - (2) pay the fees established in 12 AAC 02.145;
 - (3) certify that the applicant has not committed an act that is a ground for a disciplinary sanction under AS 08.65.110;
 - (4) submit copies that are current at the time of certificate renewal verifying certification in
 - (A) the Basic Life Support for Health Care Providers Program (BLS);
 - (B) intravenous therapy treatment for Group B *Streptococci*, from the Midwives' Association of Alaska (MAA), or from a program approved by the Midwifery Education Accreditation Council (MEAC);
 - (C) intravenous therapy, from the Midwives' Association of Alaska (MAA), or from a program approved by the Midwifery Education Accreditation Council (MEAC); and
 - (D) the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics, or neonatal resuscitation from the Midwives' Association of Alaska (MAA); and
 - (5) demonstrate continued practical professional competency by verifying
 - (A) fulfillment of the continuing competency requirements in 12 AAC 14.420 - 12 AAC 14.450; and
 - (B) compliance with the peer review requirements in 12 AAC 14.900.

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.410. APPRENTICE PERMIT RENEWAL REQUIREMENTS. (a) An apprentice direct-entry midwife permit is valid for two years from the date of issue.

- (b) An individual applying for renewal of an apprentice direct-entry midwife permit shall
- (1) apply on a form provided by the department;
 - (2) pay the fees established in 12 AAC 02.145; and
 - (3) document continued qualification under 12 AAC 14.130.

Authority: AS 08.65.030 AS 08.65.090

12 AAC 14.420. CONTINUING EDUCATION REQUIREMENTS. (a) Except as provided in 12 AAC 14.450, an applicant for renewal of a certificate as a direct-entry midwife shall certify having completed 20 contact hours of continuing education approved by the board during the concluding license period. The 20 contact hours must include the following:

- (1) at least four hours of the required continuing education contact hours must be in pharmacology; no more than two hours of the continuing education hours required under this paragraph may be in alternative medications, including herbology and homeopathy;
- (2) at least two hours of the required continuing education contact hours must be for the completion of the self-study program described in 12 AAC 14.430(e).

(b) No more than 10 of the required continuing education contact hours may be completed in a self-study program.

- (c) For the purposes of this section,
- (1) one contact hour equals a minimum of 50 minutes of instruction;
 - (2) one continuing education unit awarded by a professional association equals 10 contact hours;
 - (3) one academic semester credit hour equals 15 contact hours;
 - (4) one academic quarter credit hour equals 10 contact hours.

(d) The contact hours of continuing education required by this section may not be met by courses used to satisfy the requirements of 12 AAC 14.400(b)(4).

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.430. APPROVED CONTINUING EDUCATION PROGRAMS. (a) To be approved by the board, a continuing education program must cover one or more of the course of study subjects listed in 12 AAC 14.200 and directly relate to the clinical practice of midwifery.

(b) A continuing education program sponsored by any of the following organizations that meets the requirements of (a) of this section is considered approved by the board:

- (1) the American College of Obstetrics and Gynecology (ACOG);
- (2) the American Medical Association (AMA);
- (3) the Association for Women's Health, Obstetrics, and Neonatal Nurses (AWHONN);
- (4) the American College of Nurse Midwives (ACNM);
- (5) the Midwives' Alliance of North America (MANA);
- (6) *repealed 4/4/2002*;
- (7) the Midwives' Association of Alaska (MAA);
- (8) *repealed 4/4/2002*;
- (9) the American Nurses' Association (ANA);
- (10) an accredited postsecondary educational institution; and
- (11) the Midwifery Education Accreditation Council (MEAC).

(c) A self-study continuing education program sponsored by one of the organizations listed in (b) of this section that meets the requirements of (a) of this section is considered approved by the board.

(d) A continuing education program not sponsored by one of the organizations listed in (b) of this section must be individually approved by the board.

(e) The board's self study program required in 12 AAC 14.420(a)(2) covers the board's current statutes and regulations in AS 08.65 and 12 AAC 14, and will be revised for each renewal. The board's self-study program and a booklet containing the board's current statutes and regulations will be mailed to each licensee with the renewal form.

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.440. CONTINUING PROFESSIONAL PRACTICE REQUIREMENTS. Except as provided in 12 AAC 14.450, an applicant for renewal of a certificate as a direct-entry midwife shall certify having assisted with, or been primarily responsible for, 10 deliveries during the concluding license period.

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.450. CONTINUING COMPETENCY REQUIREMENTS FOR FIRST TIME CERTIFICATE RENEWALS. An individual who is applying for a direct-entry midwife certificate renewal for the first time shall certify having completed one half of the continuing competency requirements in 12 AAC 14.420 - 12 AAC 14.440 for each complete calendar year that the applicant was certified during the concluding license period.

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.460. VERIFICATION OF COMPLIANCE. (a) A certified direct-entry midwife shall submit, on a form provided by the department, a statement verifying compliance with the requirements of 12 AAC 14.420 - 12 AAC 14.450 at the time the certificate holder applies for renewal.

(b) The board will, in its discretion, require an applicant for renewal to submit additional evidence of compliance with the requirements of 12 AAC 14.420 - 12 AAC 14.450. The certificate holder shall maintain evidence of compliance with 12 AAC 14.420 - 12 AAC 14.450 for three years.

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.470. REINSTATEMENT OF A LAPSED CERTIFICATE. (a) The board will, in its discretion, reinstate a certificate that has been lapsed less than two years if the applicant

- (1) *repealed 3/2/2011*;
- (2) complies with the certificate renewal requirements in 12 AAC 14.400(b).

(b) The board will reinstate a certificate that has been lapsed for at least two years, but not more than five years, if the applicant

- (1) *repealed 12/17/97*;
- (2) pays the renewal fee required in 12 AAC 02.145 for the current renewal period;
- (3) submits a statement verifying that the applicant has not committed an act that is a ground for a disciplinary sanction under AS 08.65.110;
- (4) submits copies that are current at the time of application for reinstatement verifying certification in
 - (A) the Basic Life Support for Health Care Providers Program (BLS) and neonatal resuscitation;
 - (B) intravenous therapy treatment for Group B *Streptococci*, from the Midwives' Association of Alaska (MAA), or from a program approved by the Midwifery Education Accreditation Council (MEAC); and

(C) intravenous therapy, from the Midwives' Association of Alaska (MAA), or from a program approved by the Midwifery Education Accreditation Council (MEAC);

(5) documents completion of the continuing education requirements in 12 AAC 14.420 for the entire period since the certificate lapsed; and

(6) documents completion of

(A) the continuing professional practice requirements in 12 AAC 14.440 for the entire period since the certificate lapsed; or

(B) at least 10 supervised deliveries in the year immediately preceding the application for reinstatement.

(c) The board will not reinstate a certificate that has been lapsed more than five years at the time of application for reinstatement.

Authority: AS 08.01.100

AS 08.65.030

AS 08.65.080

ARTICLE 5. DUTIES AND RESPONSIBILITIES.

Section

500. Prenatal care

510. Intrapartum care

520. Postpartum care

530. Infant care

540. Records

550. Medical back-up arrangements

560. Permitted practices

570. Medications

580. Withdrawal from service

12 AAC 14.500. PRENATAL CARE. (a) The board recommends that a certified direct-entry midwife make prenatal visits to a client every four weeks until the 28th week of gestation, every two weeks from the 29th through the 35th week of gestation, and weekly from the 36th week of gestation until birth. The midwife shall document a client's refusal of any required or recommended test or visit.

(b) At the initial prenatal visit, the certified direct-entry midwife shall recommend that the client undergo a physical examination as required in AS 08.65.140 to screen for health problems that could complicate the pregnancy or delivery and that includes a review of the laboratory studies required in (c) of this section. The certified direct-entry midwife shall obtain a signed written consent from the client reflecting the client's informed choice regarding the recommended physical examination and retain the consent in the client's record.

(c) At the initial prenatal visit, the certified direct-entry midwife shall

(1) order the following laboratory tests:

(A) a serological test for syphilis, either rapid plasma reagin (RPR) or venereal disease research laboratory (VDRL);

(B) blood group;

(C) Rh factor and antibody screen;

(D) rubella titer;

(E) complete blood count;

(F) gonorrhea screen;

(G) *repealed 3/2/2011*;

(H) urine culture;

(I) chlamydia screen;

(J) cervical cytology;

(K) hepatitis B; and

(2) recommend the following laboratory tests:

(A) test for tuberculosis;

(B) test for hepatitis C and human immune deficiency virus (HIV);

(C) ultrasound for size and date discrepancy, unsure dates, or other indications.

(d) At

(1) 11 – 13 weeks of gestation, the certified direct-entry midwife shall offer an ultrascreen test;

(2) 15 – 20 weeks of gestation, the certified direct-entry midwife shall discuss with the client the availability of maternal fetal screening;

(3) 24 – 28 weeks of gestation, the certified direct-entry midwife shall recommend

(A) a 50-gram glucose tolerance test for gestational diabetes;

(B) a hemoglobin or hematocrit test; and

(C) an antibody screen and rhogam injection for a woman with Rh negative type blood;

(4) 35 – 37 weeks of gestation, the certified direct-entry midwife shall order

(A) a hemoglobin or hematocrit test, if indicated; and

(B) a culture for Group B *Streptococci* in accordance with *Prevention of Perinatal Group B Streptococcal Disease: Revised Guidelines from CDC*, adopted by reference in 12 AAC 14.570(9).

(e) The certified direct-entry midwife shall order, if indicated, the analysis of a clean catch urine sample for glucose and protein.

(f) The certified direct-entry midwife shall comply with AS 08.65.140(b) in obtaining a signed informed consent for home delivery.

(g) During the third trimester, the certified direct-entry midwife shall consult with the client concerning selection of a pediatrician, family physician, or other health care provider who will assume responsibility for the infant. The certified direct-entry midwife shall record the client's choice in the client's record. If the client cannot or will not select a provider for the infant, the certified direct-entry midwife shall document this information in the client's record.

(h) The certified direct-entry midwife shall consult with a physician or certified nurse midwife if, during the prenatal period, the client

(1) develops 2+ or greater pitting edema on the face and hands;

(2) develops proteinuria of 1+ or greater;

(3) has marked or severe polyhydramnios or oligohydramnios;

(4) before 37 weeks gestation, has regular contractions with cervical change;

(5) *repealed 3/2/2011*;

(6) develops blood pressure of 140/90 or an increase of 30 mm Hg systolic or 15 mm Hg diastolic over the usual blood pressure;

(7) develops severe, persistent headaches, epigastric pain, or visual disturbances;

(8) has symptoms of urinary tract infection, including a fever of 100.5 degrees Fahrenheit or 38 degrees Celsius, kidney or flank pain, or hematuria;

(9) has rupture of membranes before 37 weeks gestation;

(10) has marked decrease or cessation of fetal movement;

(11) has fetal heart tones of less than 100 or more than 170 per minute;

(12) has inappropriate gestational size;

(13) has a fever of 100.5 degrees Fahrenheit or 38 degrees Celsius for 24 hours or more;

(14) has severe or ongoing medical complications;

(15) has demonstrated anemia by blood test (hematocrit 27 percent or hemoglobin 9 grams);

(16) is found to have a positive antibody screen;

(17) has unexplained or concerning vaginal bleeding;

(18) fails a three-hour oral glucose tolerance test; or

(19) has a positive purified protein derivative (PPD) test, hepatitis screen, or human immune deficiency virus (HIV) test.

(i) If, following the consultation set out in (h) of this section, the physician recommends referral for immediate medical care the certified direct-entry midwife shall refer the client for immediate medical care. A referral for immediate medical care does not preclude the possibility of a home delivery if, following the referral, the client does not have any of the conditions set out in AS 08.65.140(d).

(j) During the third trimester, the certified direct-entry midwife shall ensure that the client is adequately prepared for a home birth by discussing issues such as sanitation, facilities, adequate heat, availability of telephone and transportation, plans for emergency evacuation to a hospital, and the skills and equipment that the midwife will bring to the birth.

(k) A certified direct-entry midwife shall make a home visit three to five weeks before the estimated date of confinement to assess the physical environment, to determine whether the client has the necessary supplies, to prepare the family for the birth, and to instruct the family in correction of problems or deficiencies.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.510. INTRAPARTUM CARE. (a) Intrapartum care includes the management of low risk women whose labor, delivery, postpartum course, and infant are not reasonably expected to require consultation with a physician or referral for medical care.

(b) A certified direct-entry midwife may not perform a vaginal examination on a client with ruptured membranes and no onset of labor unless

(1) less than 24 hours have elapsed since the rupture of the membranes; and

(2) there is a reasonable and strong suspicion of a prolapsed cord.

(c) A certified direct-entry midwife shall obtain medical consultation or refer for medical care any client who during the intrapartum period

(1) develops a blood pressure of 160/100 or an increase of 30 mm Hg systolic or 15 mm Hg diastolic over the baseline blood pressure;

(2) develops a fever of 100.5 degrees Fahrenheit or 38 degrees Celsius;

(3) has bleeding other than show before delivery;

(4) develops severe headaches, epigastric pain, or visual disturbance;

- (5) develops respiratory distress;
- (6) has persistent or recurrent fetal heart tones below 100 or above 170 beats per minute at any time, or a fetal heart rate that is irregular or showing late or variable decelerations;
- (7) has meconium stained amniotic fluid that is thick or has particulate matter;
- (8) desires medical consultation or transfer; or
- (9) develops symptoms or signs of an allergic reaction.

(d) A consultation or referral as required in (c) of this section does not preclude the possibility of a home delivery if, following the consultation with a physician or referral for medical care, the client does not have any of the conditions set out in AS 08.65.140(d).

(e) A certified direct-entry midwife shall ensure that a client on whom cardiopulmonary resuscitation is administered or treatment for anaphylactic shock is administered is immediately transported to a hospital.

(f) A certified direct-entry midwife shall accompany to the hospital any client requiring hospitalization and provide copies of all pertinent client data and make a verbal report to the physician assuming care. If reasonably possible, the certified direct-entry midwife shall remain with the client to receive information regarding the results of the client's hospitalization.

(g) A certified direct-entry midwife may start prophylactic antibiotic intravenous therapy for Group B *Streptococci* in accordance with *Prevention of Perinatal Group B Streptococcal Disease: Revised Guidelines from CDC*, adopted by reference in 12 AAC 14.570(9).

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.520. POSTPARTUM CARE. (a) Postpartum care is management of the client through the six-week postpartum period.

(b) After normal delivery, a certified direct-entry midwife shall remain with the client and infant for at least three hours postpartum or until both the client's and infant's conditions are stable. If the client or infant is not stable within five hours, the certified direct-entry midwife shall transfer the client to an appropriate medical facility.

(c) Maternal stability is evidenced by normal blood pressure, pulse, and respiration; firmness of fundus; normal lochia; and the ability to empty the bladder.

(d) Neonatal stability is evidenced by established respirations, normal temperature, normal heart rate, and strong sucking of the infant.

(e) A certified direct-entry midwife shall maintain close contact with the client during the first 72 hours postpartum, making at least one postpartum visit to evaluate the condition of the mother and infant within 36 hours of birth. A certified direct-entry midwife shall determine whether the mother is bleeding excessively, has a firm fundus, has a normal temperature, and is establishing successful breast-feeding or bottle-feeding.

(f) In the case of a mother with Rh negative type blood, a certified direct-entry midwife shall

(1) obtain a sample of cord blood from the placenta and arrange for testing; and

(2) administer or arrange for and be certain that the mother receives Rh immune globulin as indicated within 72 hours of delivery.

(g) A certified direct-entry midwife shall obtain medical consultation or refer for medical care any client who, during the postpartum period,

(1) does not void within six hours after birth;

(2) has a third or fourth degree perineal or cervical laceration;

(3) develops a fever greater than 100.5 degrees Fahrenheit or 38 degrees Celsius on any two of the first 10 postpartum days;

(4) develops foul smelling lochia;

(5) develops hematoma;

(6) does not deliver the placenta within one hour of delivery of the infant;

(7) bleeds more than 1,000 cc (four cups) immediately after the delivery of the placenta and the bleeding is not readily controlled;

(8) has a partially separated placenta with

(A) heavy bleeding;

(B) a blood pressure below 90 systolic;

(C) a pulse rate of 110 beats per minute or more; or

(D) weakness and dizziness; or

(9) has retained placental fragments or membranes.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.530. INFANT CARE. (a) A certified direct-entry midwife shall consult with a physician concerning an infant who

(1) has an Apgar score of seven or less at five minutes;

(2) has a congenital defect;

(3) has tachycardia of 170 or above, bradycardia of 100 or below, or cardiac irregularities;

(4) develops jaundice within 24 hours of birth or significant scleral icterus within one week of birth;

- (5) has an abnormal cry;
- (6) shows signs of prematurity or intrauterine growth restriction (IUGR);
- (7) had meconium stained fluid before birth and has any indication of respiratory compromise;
- (8) is lethargic or does not feed well;
- (9) has edema;
- (10) develops grunting respirations, retractions, central cyanosis, or apnea;
- (11) has a pale, generalized cyanotic or grey color;
- (12) weighs less than five and one half pounds or 2,500 grams;
- (13) does not urinate or pass meconium within 24 hours of birth;
- (14) requires greater than one minute resuscitation by bag and mask or any cardiopulmonary resuscitation; or
- (15) appears weak, flaccid, or abnormal in any other respect.

(b) Within two hours of birth, a certified direct-entry midwife shall administer appropriate eye prophylaxis to the newborn infant in accordance with 7 AAC 27.111.

(c) A certified direct-entry midwife shall offer, to one or both of the parents, to administer intramuscular vitamin K to the infant for the prevention of acute and late onset hemorrhagic disease. If a parent consents to the administration of the intramuscular vitamin K, the certified direct-entry midwife shall administer the vitamin K within two hours of birth. A certified direct-entry midwife shall note in the client's records a parent's acceptance or refusal of intramuscular vitamin K.

(d) A certified direct-entry midwife shall ensure that the newborn receives metabolic blood disorder screening in accordance with 7 AAC 27.510 - 7 AAC 27.580. The certified direct-entry midwife shall use a metabolic blood disorder screening kit obtained from the Department of Health and Social Services.

(e) A certified direct-entry midwife shall recommend to the client an evaluation of the infant by a physician within one week of birth or sooner if it becomes apparent that the infant needs medical attention.

(f) A certified direct-entry midwife shall complete and file a birth certificate within seven days after the birth in accordance with AS 18.50.160.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

Editor's notes: - *The metabolic blood disorder kits may be obtained from the Department of Health and Social Services, Division of Public Health, Section of Child and Family Health, 1231 Gambell Street, Anchorage, AK 99501-4627.*

12 AAC 14.540. RECORDS. (a) A certified direct-entry midwife shall maintain records of each client on standard obstetric forms.

(b) A certified direct-entry midwife shall maintain records of the recommended medical visit, all prenatal visits, charting of labor and delivery, summary of birth, and charting of the newborn examination and postpartum visits.

(c) A certified direct-entry midwife shall maintain birth records of an infant until at least two years after the infant has reached the age of 19 years. Prenatal and infant records must be maintained for at least seven years from the date of birth.

(d) A certified direct-entry midwife shall provide copies of pertinent records to medical personnel when the client or infant is referred for medical care or transported for emergency care.

(e) All records maintained by the certified direct-entry midwife are subject to review by the board.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.550. MEDICAL BACK-UP ARRANGEMENTS. (a) A certified direct-entry midwife shall have written back-up arrangements that must include procedures concerning

- (1) alternate midwife assistance for clients in the certified direct-entry midwife's absence; and
- (2) abnormal conditions and medically indicated maternal or infant consultations;
- (3) *repealed 3/2/2011.*

(b) A certified direct-entry midwife shall present the written back-up arrangements to the board upon request.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.560. PERMITTED PRACTICES. (a) The following practices may be performed by a certified direct-entry midwife who provides documentation acceptable to the board of having acquired the training and skills necessary to safely perform them:

- (1) catheterization of the urinary bladder;
- (2) administration of medications as specified in 12 AAC 14.570 and 12 AAC 14.600;
- (3) clamping and cutting the umbilical cord;
- (4) artificial rupture of the amniotic membranes if the fetal head is at zero station or lower and the client is past five centimeters dilation;
- (5) venipuncture;
- (6) capillary blood sampling;

- (7) suturing;
- (8) emergency measures as specified in 12 AAC 14.600; and
- (9) intravenous therapy.

(b) The board will notify the certified direct-entry midwife that documentation submitted under this section is acceptable to the board of competence in these practices. A certified direct-entry midwife may not perform the practices set out in (a) of this section until notification of acceptance has been provided by the board.

Authority: AS 08.65.030

12 AAC 14.570. MEDICATIONS. A certified direct-entry midwife may not administer restricted drugs or medications except for the following, and only if the certified direct-entry midwife has documented the training and skills demonstrating competence to administer them as required in 12 AAC 14.560:

- (1) xylocaine hydrochloride, one or two percent, administered by infiltration, for the postpartum repair of tears, lacerations, and episiotomy;
- (2) cetacaine, applied topically, for the postpartum repair of tears, lacerations, and episiotomy;
- (3) vitamin K, administered by intramuscular injection, for the prevention of acute and late onset hemorrhagic disease of the infant;
- (4) rhogam, administered by intramuscular injection, for an unsensitized client with Rh negative type blood to prevent Rh disease;
- (5) eye prophylaxis as required by 7 AAC 27.111;
- (6) pitocin, administered by intramuscular injection or intravenous drip, for the control of postpartum hemorrhage;
- (7) methergine, administered orally or by intramuscular injection, in an emergency situation for the control of postpartum hemorrhage that was not controlled by the administration of pitocin;
- (8) lactated ringers, plain or with dextrose five percent, or normal saline, up to 2,000 milliliters administered intravenously to a client who would benefit from hydration;
- (9) antibiotic intravenous therapy treatment for Group B *Streptococci* in accordance with the United States Department of Health and Human Services, Centers for Disease Control and *Prevention of Perinatal Group B Streptococcal Disease: Revised Guidelines from CDC*, revised as of August 16, 2002 and adopted by reference, except that vancomycin may not be administered;
- (10) epinephrine for allergic reaction or anaphylactic shock;
- (11) diphenhydramine administered by intramuscular injection or intravenously for allergic reaction or anaphylactic shock.

Authority: AS 08.65.030 AS 08.65.190

12 AAC 14.580. WITHDRAWAL FROM SERVICE. (a) A certified direct-entry midwife may withdraw from responsibility for a client during the prenatal period if, for any reason, the midwife does not feel comfortable continuing as the client's midwife. The decision to withdraw may take into account

- (1) the client's failure to consult a physician when recommended to do so by the certified direct-entry midwife;
- (2) the client's failure or refusal to follow recommendations;
- (3) personality incompatibilities; or
- (4) any other factor that the certified direct-entry midwife believes may create an unwarranted risk to the client, fetus, or infant, or may interfere with the certified direct-entry midwife's ability to care responsibly for the client, fetus, or infant.

(b) If the certified direct-entry midwife withdraws, the midwife shall immediately notify the client in writing and shall cooperate with the client in finding alternative care.

(c) After the onset of labor, a certified direct-entry midwife may withdraw only if the midwife believes that the midwife is unable to competently care for the client, fetus, or infant. The certified direct-entry midwife shall arrange for transfer of the client to medical care. If the client refuses to accept transfer to medical care, the certified direct-entry midwife shall document the relevant events and shall stay with the client until attended by hospital or emergency medical personnel.

Authority: AS 08.65.030

**ARTICLE 6.
EMERGENCY MEASURES.**

Section

- 600. Emergency practices**
- 610. Emergency transport plan**
- 620. Emergency defined**

12 AAC 14.600. EMERGENCY PRACTICES. In addition to the practices permitted in AS 08.65.140(e) and (f) and 12 AAC 14.560, in an emergency a certified direct-entry midwife who has documented training and skills demonstrating competence as set out in 12 AAC 14.560 may

- (1) perform an episiotomy; and
- (2) administer pitocin, methergine, epinephrine, and diphenhydramine as described in 12 AAC 14.570(6), (7), (10) and (11).

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.610. EMERGENCY TRANSPORT PLAN. (a) A certified direct-entry midwife shall present a copy of the midwife's emergency transport plan to each client before the onset of labor.

- (b) The emergency transport plan must be signed by the client and include
 - (1) written permission to release the client's records to a physician in an emergency; and
 - (2) a statement that costs will be incurred for emergency transportation and an agreement as to who is responsible for the costs.
- (c) The certified direct-entry midwife shall include the signed emergency transport plan in the client's records.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.620. EMERGENCY DEFINED. In this chapter and in AS 08.65, "emergency" means a situation that presents an immediate hazard to the health and safety of the client.

Authority: AS 08.65.030 AS 08.65.190

**ARTICLE 7.
GENERAL PROVISIONS.**

Section

- 900. Peer review**
- 990. Definitions**

12 AAC 14.900. PEER REVIEW. (a) The board will designate, as a peer review committee, a qualified organization with experience in certified direct-entry midwifery to provide peer review to the board concerning the quality of care provided by a certified direct-entry midwife.

- (b) In the agreement for peer review services, the board will require the organization providing peer review to
 - (1) maintain confidentiality of medical records as required by law;
 - (2) randomly review summaries of births submitted by a certified direct-entry midwife under (c)(1) of this section;
 - (3) review those summaries of births or other records submitted under (c)(2) and (3) of this section;
 - (4) review at the request of the board any case or summary of birth relating to care by a certified direct-entry midwife;
 - (5) maintain records of the organization related to the review;
 - (6) provide records to the board and division investigative staff, as requested by the board or division investigative staff; and
 - (7) report to the board or division investigative staff on activities and results of the peer review conducted under this section, including any recommendations for disciplinary action.

(c) A certified direct-entry midwife shall submit to the board or, if an organization has been designated under (a) of this section, to that organization the following information:

- (1) a copy of the summary of birth for each labor and delivery for which the certified direct-entry midwife had primary responsibility during the 12-month period that began on April 1 of the preceding year; the copy must be submitted on or before May 1 of each year;
- (2) all records required under 12 AAC 14.540 as requested by the board through the organization providing peer review for cases selected under (b)(2) of this section; and
- (3) within 10 days after the delivery or transfer of care all records required under 12 AAC 14.540 for any case in which a client for whom the certified direct-entry midwife had primary responsibility

- (A) died;
 - (B) required emergency hospital transport;
 - (C) required intensive care; or
 - (D) had any of the complications or conditions listed in AS 08.65.140(d)(1) – (17) if the newborn was delivered by a certified direct-entry midwife in accordance with AS 08.65.140(e) or (f).
- (d) Failure to comply with the requirements of this section is grounds for disciplinary sanction under AS 08.65.110(6).

Authority: AS 08.65.030 AS 08.65.110

12 AAC 14.990. DEFINITIONS. In this chapter, unless the context requires otherwise,

- (1) “board” means the Board of Certified Direct-Entry Midwives;
- (2) “client” means a pregnant woman, postpartum woman up to six weeks, fetus, or newborn, as appropriate;
- (3) “department” means the Department of Commerce, Community, and Economic Development;
- (4) “preceptor” means a person qualified under AS 08.65.090(b) or 12 AAC 14.210(a) who supervises a person training to be a direct-entry midwife;
- (5) “supervision” means the direct observation and evaluation by the preceptor of the clinical experiences and technical skills of the apprentice direct-entry midwife or other supervised person while present with the supervised person in the same room;
- (6) “division” means the division assigned occupational licensing functions in the department.

Authority: AS 08.65.030 AS 08.65.090

APPENDIX A

TRANSITIONAL PROVISIONS

Notwithstanding AS 08.65.050, enacted by sec. 5 of this Act, the board shall issue a certificate to a person who is practicing midwifery in this state on June 26, 1992 or who has practiced midwifery in this state within the two years immediately before June 26, 1992 if the person fulfills the requirements of AS 08.65.050(1) — (3), substantially fulfills the requirements of AS 08.65.050(4), and passes the examination provided by AS 08.65.060.

Notwithstanding AS 08.65.150, enacted by sec. 5 of this Act, a person who is practicing midwifery on June 26, 1992 or who has practiced midwifery within the two years immediately before June 26, 1992 may accept fees for practicing midwifery until December 23, 1992 even if the person is not certified under AS 08.65.

TEMPORARY SUPERVISORS. A direct-entry midwife who has been certified in this state for less than two years may supervise an apprentice until December 27, 1994 if the certified direct-entry midwife has practiced midwifery in this state for at least two years immediately before June 26, 1992.

INITIAL APPOINTMENTS TO THE BOARD. (a) Notwithstanding AS 08.65.010, one initial member of the Board of Certified Direct-Entry Midwives shall be appointed for a term of one year, one initial member shall be appointed for a term of two years, one initial member shall be appointed for a term of three years, and two initial members shall be appointed for terms of four years. The members appointed to initial terms less than four years under this section may be reappointed to one full four-year term.

(b) In making initial appointments of midwives to the Board of Certified Direct-Entry Midwives, the governor shall consider a midwife licensed for the purpose of AS 08.65.010 if the midwife has practiced midwifery in this state for a period of two years.

This Act takes effect immediately under AS 01.10.070(c).

APPENDIX B

ETHICS

On April 26, 1994 the Board of Certified Direct-Entry Midwives adopted the following code of ethics:

1. The principle objective of the midwifery profession is to render service to humanity with full respect for the dignity of the human race. Midwives should merit the confidence of patients entrusted to their care, rendering to each a full measure of services and devotion.
2. Midwives should strive continually to improve medical knowledge and skill, and should make available to their clients and colleagues the benefits of their professional attainments.
3. A midwife should practice a method of maternal care utilizing accreditable research as a criteria for care, and promote such research.
4. The midwifery profession should safeguard the public and itself against midwives deficient in moral character or professional competence. Midwives should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.
5. A midwife may choose whom she will serve. In a life-threatening emergency, however, she should render service to the best of her ability. Having undertaken the care of a client, she may not neglect her; and, unless she has been discharged, she may discontinue services only after giving adequate notice.
6. A midwife should not dispense her services under terms or conditions which tend to interfere with or impair her midwifery judgement and skill or tend to cause a deterioration of the quality of midwifery care.
7. A midwife should seek consultation and/or referral upon request; in doubtful or difficult cases; or whenever it appears that the quality of health care would be enhanced thereby.
8. A midwife may not reveal the confidences entrusted to her in the course of midwifery attendance, or the deficiencies she may observe in the character of patients, unless she is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.
9. The honored ideals of the midwifery profession imply that the responsibilities of the midwife extend not only to the individual, but also to society where these responsibilities deserve her interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.