24.26.01 – RULES OF THE IDAHO BOARD OF MIDWIFERY

000. LEGAL AUTHORITY.
These rules are promulgated pursuant to Section 54-5504, Idaho Code. ( )

001. SCOPE.
These rules govern the licensure and regulation of the practice of midwifery in Idaho. ( )

~~**002. INCORPORATION BY REFERENCE.**~~
~~The following documents are incorporated by reference into these rules, and are available at the Board's office and through the Board's website: ( )~~

~~**01. Prevention of Perinatal Group B Streptococcal Disease**. Published by the Centers for Disease Control and Prevention, MMWR 2010;59 (No. RR 10), dated November 19, 2010. ( )~~

~~**02. Essential Documents of the National Association of Certified Professional Midwives**. Copyright date 2004. ( )~~

~~**03. 2016 Job Analysis Survey**. Published by the North American Registry of Midwives (NARM).~~
( )

002~~3~~. -- 099. (RESERVED)

100. QUALIFICATIONS FOR LICENSURE.

~~**01. Applications**. Applications for licensure must be submitted on Board-approved forms. ( )~~

01~~2~~. ~~Qualifications~~. Applicants for licensure must submit a completed application, required application and licensing fees, and documentation, acceptable to the Board~~, establishing that the applicant:~~ ( )

~~**a.** Currently is certified as a CPM by NARM or a successor organization.~~ ( )

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

101. -- 1~~75~~99~~4~~. (RESERVED)

~~**175. FEES.**~~
~~Unless otherwise provided for, all fees are non-refundable.~~

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

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~~176. -- 199. (RESERVED)~~

200. RENEWAL OF LICENSE.

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

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

b. The number of deliveries, including~~:~~ ( )

~~i. The~~ the number of cesareans or~~;~~ ( )

~~ii. The~~ the number of vaginal births after cesarean (VBACs); ( )

c. The average, oldest, and youngest maternal ages; ( )

d. The number of primiparae; ( )

e. All APGAR scores below five (5) at five (5) minutes; ( )

f. The number of prenatal transfers and transfers during labor, delivery and immediately following birth, including~~:~~ ( )

~~i. T~~ transfers of mothers~~,;~~ ( )

~~ii. T~~ transfers of babies~~,;~~ ( )

~~iii. R~~ reasons for transfers~~,~~ or~~;~~ ( )

~~iv. T~~ transfers of all newborns being admitted to the neonatal intensive care unit (NICU) for more than twenty four (24) hours. ( )

g. Any perinatal deaths occurring up to six weeks post-delivery, broken out by: weight, gestational age, age of the baby, and stillbirths, if any. ( )

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

02. Current Cardiopulmonary Resuscitation Certification. A licensed midwife ~~to renew their license~~ must certify on their renewal application that they possess a current certification in adult, infant, and child cardiopulmonary resuscitation and in neonatal resuscitation obtained through courses approved by the Board~~completion of American Heart Association or the Health and Safety Institute approved cardiopulmonary resuscitation courses and American Academy of Pediatrics approved neonatal resuscitation courses~~. ( )

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

201. -- 299. (RESERVED)

300. CONTINUING EDUCATION REQUIREMENT.

01. Annual Continuing Education Requirement. A licensed midwife must successfully complete a

minimum of ten (10) continuing education hours per year for the year preceding renewal. Two (2) of these hours must be in peer review participation as described in Subsection 300.06. One (1) continuing education hour equals one (1) clock hour. A licensed midwife is considered to have satisfied the annual continuing education requirement for the first renewal of the initial license. ( )

02. Subject Material. The subject material of the continuing education must be germane to the practice of midwifery and either acceptable to North American Registry of Midwives ("NARM") as counting towards recertification of a licensed midwife as a Certified Professional Midwife ("CPM") or otherwise approved by the Board. ( )

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

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

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

a. The name of the instructor or instructors; ( )

b. The date and time and location of the course; ( )

c. The specific agenda for the course; ( )

d. The number of continuing education credit hours requested; and ( )

e. A statement of how the course is ~~believed to be~~ germane to the practice of midwifery. ( )

06. Peer Review System. As part of the Board's annual continuing education requirement, each licensed midwife must participate in peer review activities for a minimum of two (2) hours per year. ~~( )~~

~~**a.** The purpose of peer review is~~ to enable licensed midwives to retrospectively present and review cases in an effort to further educate themselves about the appropriateness, quality, utilization, and ethical performance of midwifery care. ( )

~~**b**~~**a.** Licensed midwives are responsible for organizing their own peer review sessions. At least three (3) licensed midwives or CPMs must participate in a peer review session in order for the session to count towards a licensed midwife's annual two-hour peer review activity requirement. ( )

~~**c**~~**b.** Each licensed midwife must make a presentation that must include~~, without limitation,~~ the following information: ( )

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

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

ii~~i~~. The number of women in the licensed midwife's practice that are postpartum; ( )

iii~~v~~. The number of births the licensed midwife has been involved with since the last peer review session; and ( )

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

~~d~~c. The information presented in a peer review session is confidential. The identities of the client, other health care providers, and other persons involved in a case may not be divulged during the peer review session. ( )

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

08. Hardship Waiver. The Board may waive the continuing education requirement for good cause. The licensed midwife must request the waiver and provide the Board with any information requested to assist the Board in substantiating the claimed hardship. ( )

301. -- 3~~2~~5504. (RESERVED)

~~**325. INFORMED CONSENT.**~~

~~**01. Informed Consent Required**. A licensed midwife must obtain and document informed consent from a client before caring for that client. The informed consent must be documented on an informed consent form, signed and dated by the client, in which the client acknowledges, at a minimum, the provisions listed in Section 54-5511, Idaho Code and the following: ( )~~

~~**a.** Instructions for obtaining a copy of the Essential Documents of the NACPM and 2016 Job Analysis Survey, published by NARM; ( )~~

~~**b.** Instructions for filing complaints with the Board; ( )~~

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

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~~**326. -- 350. (RESERVED)**~~

351. USE OF FORMULARY DRUGS.

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

Drug	Indication	Dose	Route of Administration	Duration of Treatment
Oxygen	Maternal/Fetal Distress	10-12 L/min. 10 L/min.	Bag and mask Mask	Until maternal/fetal stabilization is achieved or transfer to hospital is complete
	Neonatal Resuscitation	10-12 L/min. 10 L/min.	Bag and mask Mask	Until stabilization is achieved or transfer to a hospital is complete
Oxytocin (Pitocin)	Postpartum hemorrhage only	10 Units/ml	Intramuscularly only	1-2 doses Transport to hospital required if more than two doses are administered

Lidocaine HCl 2%	Local anesthetic for use during postpartum repair of lacerations or episiotomy	Maximum 50 ml	Percutaneous infiltration only	Completion of repair
Penicillin G (Recommended)	Group B Strep Prophylaxis	5 million units initial dose, then 2.5 million units every 4 hours until birth	IV in ≥ 100 ml LR, NS or D_5LR	Birth of baby
Methegrine (Methylergonovine)	Postpartum hemorrhage only	0.2mg/ml	Intramuscularly only 1 dose	Transport to hospital required if single dose does not stop hemorrhage
Ampicillin Sodium (Alternative)	Group B Strep Prophylaxis	2 grams initial dose, then 1 gram every 4 hours until birth	IV in ≥100 ml NS or LR	Birth of baby
Cefazolin Sodium (drug of choice for penicillin allergy with low risk for anaphylaxis)	Group B Strep Prophylaxis	2 grams initial dose, then 1 gram every 8 hours	IV in ≥ 100 ml LR, NS or D_5LR	Birth of baby
Clindamycin Phosphate (drug of choice for penicillin allergy with high risk for anaphylaxis)	Group B Strep Prophylaxis	900 mg every 8 hours	IV in ≥100 ml NS (not LR)	Birth of baby
Epinephrine HCl 1:1000	Treatment or post-exposure prevention of severe allergic reactions	0.3 ml	Subcutaneously or intramuscularly	Every 20 minutes or until emergency medical services arrive Administer first dose then immediately request emergency services
Lactated Ringer's (LR) 5% Dextrose in Lactated Ringer's solution (D_5LR) 0.9% Sodium Chloride (NS) Sterile Water	To achieve maternal stabilization Reconstitution of antibiotic powder	I - 2 liter bags First liter run in at a wide-open rate, the second liter titrated to client's condition As directed	Intravenously with ≥18 gauge catheter As directed	Until maternal stabilization is achieved or transfer to a hospital is complete Birth of Baby

Cytotec (Misoprostol)	Postpartum hemorrhage only	800 mcg	Rectally is the preferred method Orally is allowed	1-2 doses Transport to hospital required if more than one dose is administered
Rho(d) Immune Globulin	Prevention of Rho (d) sensitization in Rho (d) negative women	300 mcg	Intramuscularly	Single dose at any gestation for Rho (d) negative, antibody negative women within 72 hours of spontaneous bleeding or abdominal trauma. Single dose at 26-28 weeks gestation for Rho (d) negative, antibody negative women Single dose for Rho (d) negative, antibody negative women within 72 hours of delivery of Rho (d) positive infant, or infant with unknown blood type
Phytonadione	Prophylaxis for Vitamin K Deficiency Bleeding	1 mg	Intramuscularly	1 dose
0.5% Erythromycin Ophthalmic Ointment	Prophylaxis of Neonatal Ophthalmia	1 cm ribbon in each eye	Topical	1 dose

~~02. Other Legend Drugs. During the practice of midwifery a licensed midwife may not obtain or administer legend drugs that are not listed in the midwifery formulary. Drugs of a similar nature and character may be used if determined by the Board to be consistent with the practice of midwifery and provided that at least one hundred twenty (120) days' advance notice of the proposal to allow the use of such drugs is given to the Board of Pharmacy and the Board of Medicine and neither Board objects to the addition of such drugs to the midwifery formulary. (7-1-21)T~~
( )

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

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

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

b. A retail pharmacy, in minimal quantities for office use. ( )

02. Storing Formulary Drugs. A licensed midwife must store all formulary drugs in secure areas suitable for preventing unauthorized access and for ensuring a proper environment for the preservation of the drugs. However, licensed midwives may carry formulary drugs to the home setting while providing care within the course and scope of the practice of midwifery. ( )

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

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

b. Removing the drugs from their original containers, mixing them with an undesirable substance such as coffee grounds or kitty litter, putting them in impermeable, non-descript containers such as empty cans or sealable bags, and throwing the containers in the trash; or ( )

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

353. -- 354. (RESERVED)

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

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

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

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

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

356. Scope And Practice Standards. A licensed midwife must adhere to the Essential Documents of the National Association of Certified Professional Midwives to the extent such scope and practice standards are consistent with the Board's enabling law, Chapter 55, Title 54, Idaho Code when providing antepartum, intrapartum, postpartum, and newborn care.
~~A licensed midwife must adhere to the following scope and practice standards when providing antepartum, intrapartum, postpartum, and newborn care.~~ ~~( )~~

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

~~**02. Conditions for Which a Licensed Midwife May Not Provide Care**. A licensed midwife may not provide care for a client with conditions listed in Section 54-5505(1)(e)(i), Idaho Code.~~ ( )

~~03~~01. Conditions for Which a Licensed Midwife May Not Provide Care Without Health Care

Provider Involvement. A licensed midwife may not provide care for a client with a history of the disorders, diagnoses, conditions, or symptoms listed in Section 54-5505(1)(e)(ii), Idaho Code, unless such disorders, diagnoses, conditions or symptoms are being treated, monitored or managed by a licensed health care provider. ~~For purposes of this Paragraph, in~~ In Section 54-5505(1)(e)(ii)(14), Idaho Code, "history" ~~means a~~includes illicit drug use or addiction during the current pregnancy.~~"current history" and "illegal drug use" means "illegal drug abuse or addiction." Before providing care to such a client, the licensed midwife must notify the client in writing that the client must obtain the described physician care as a condition to the client's eligibility to obtain maternity care from the licensed midwife. The licensed midwife must, additionally, obtain the client's signed acknowledgment that the client has received the written notice.~~ ( )

~~**04. Conditions for Which a Licensed Midwife Must Recommend Physician Involvement**. Before providing care for a client with a history of any of the disorders, diagnoses, conditions or symptoms listed in Section 54-5505(1)(e)(iii), Idaho Code, a licensed midwife must provide written notice to the client that the client is advised to see a physician licensed under Chapter 18, Title 54, Idaho Code, or under an equivalent provision of the law of a state bordering Idaho, during the client's pregnancy. Additionally, the licensed midwife must obtain the client's signed acknowledgment that the client has received the written notice.~~ ( )

~~05~~02. Conditions for which a Licensed Midwife must Facilitate Hospital Transfer. ~~( )~~

~~**a. Conditions.**~~ A licensed midwife must facilitate the immediate transfer of a client to a hospital for emergency care if the client has any of the disorders, diagnoses, conditions or symptoms listed in Section 54-5505(1)(e)(iv), Idaho Code~~., and the following:~~ ( )

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

~~ii.~~ Suggestion of fetal jeopardy, such as frank bleeding before delivery, any abnormal bleeding (with or without abdominal pain), evidence of placental abruption, meconium with non-reassuring fetal heart tone patterns where birth is not imminent, or abnormal fetal heart tones with non-reassuring patterns where birth is not imminent; ~~( )~~

~~**b. Plan for Emergency Transfer and Transport.** When facilitating a transfer under Subsection 356.05, the licensed midwife must notify the hospital when the transfer is initiated, accompany the client to the hospital, if feasible, or communicate by telephone with the hospital if the licensed midwife is unable to be present personally. The licensed midwife must also ensure that the transfer of care is accompanied by the client's medical record, which must include items defined in Section 54-5505(1)(e)(v), Idaho Code, and if feasible, the licensed midwife's assessment of the client's current medical condition and description of the care provided by the licensed midwife before transfer.~~ ( )

~~**c. Transfer or Termination of Care.** A midwife who deems it necessary to transfer or terminate care pursuant to the laws and rules of the Board or for any other reason must transfer or terminate care and will not be regarded as having abandoned care or wrongfully terminated services.~~ ( )

357. -- 359. (RESERVED)

360. NEWBORN TRANSFER OF CARE OR CONSULTATION.

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

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

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

c. Central cyanosis or pallor for more than ten (10) minutes. ( )

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

e. Abnormal bleeding. ( )

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

g. Any vesicular skin lesions. ( )

h. Seizure-like activity. ( )

i. Any bright green emesis. ( )

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

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

a. Temperature instability, defined as a rectal temperature less than ninety-six point eight (96.8) degrees Fahrenheit or greater than one hundred point four (100.4) degrees Fahrenheit documented two (2) times more than fifteen (15) minutes apart. ( )

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

c. Cardiac arrhythmia. ( )

d. Congenital anomalies. ( )

e. Birth injury. ( )

f. Clinical evidence of prematurity, including but not limited to, low birth weight of less than two thousand five hundred (2,500) grams, smooth soles of feet, or immature genitalia. ( )

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

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

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

j. Development of persistent poor feeding effort at any time.

361. FEES.

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

APPLICATION	FEE (Not to Exceed)
Initial Application	$200
Initial License	$800 (amount will be refunded if license not issued)

Renewal	$850 (amount will be refunded if license not renewed)
Reinstatement	$50

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3621. -- 449. (RESERVED)

450. UNPROFESSIONAL CONDUCT.

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

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

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

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

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

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

b. Suspend or revoke a license; ( )

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

d. Order payment of the costs and fees incurred by the Board for the investigation and prosecution of the violation of the Board's laws and rules.

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451. -- 999. (RESERVED)