



State of Idaho
 Division of Occupational and Professional Licenses
 Board of Nursing

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Rule Change Crosswalk
 IDAPA 24.26.01 – Rules of Midwifery

| Rule # | Rule Text | Change Rationale |
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| 101.03. | Continuing Education Verification. The licensed midwife at renewal must certify by signed affidavit that the annual continuing education requirements set by the Board have been met. The Board may conduct continuing education audits. | Aligns with the Division’s transition to biennial birthdate renewals for all license and registration types in accordance with Idaho Code § 67-2614 |
| 102.01. | Annual Continuing Education Requirement. A licensed midwife must successfully complete a minimum of ten (10) continuing education hours per year either acceptable to North American Registry of Midwives (“NARM”) as counting towards recertification of a licensed midwife as a Certified Professional Midwife (“CPM”) or otherwise approved by the Board. Two (2) of these hours must be in peer review participation as described in Subsection 102.02. (3-28-23) complete continuing education and peer review sufficient to maintain professional competency and active certification as a professional midwife. | Reduces the administrative burden of submitting duplicative records to both the Board of Nursing and NARM. Idaho licensed midwives are required under Idaho Code § 54-5506(1) to maintain current CPM certification through NARM, which requires documentation of completed continuing education hours and peer review for recertification. |
| 102.02. | 02. Legacy Licensees. A midwife who obtained licensure prior to July 1, 2024, and who has not obtained the CPM certification must provide proof of twenty (20) practice-relevant continuing education hours prior to license renewal, including four (4) hours of peer review. | Accommodates midwives who became licensed before CPM certification was required for initial licensure while still ensuring they complete sufficient continuing education and peer review. |
| 102.0203. | Peer Review System. Peer review shall follow the standards and guidelines set forth by NARM or its successor organization. As part of the Board’s annual continuing education requirement, each licensed midwife must participate in peer review activities for a minimum of | Removes static requirements currently found in rule and aligns peer review process with the acceptable “standard of care” as established by NARM. |

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| <p>two (2) hours per year to enable licensed midwives to retrospectively present and review cases in an effort to further educate themselves about the appropriateness, quality, utilization, and ethical performance of midwifery care.</p> <p>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.</p> <p>b. Each licensed midwife must make a presentation that must include the following information:</p> <ul style="list-style-type: none"> i. Total number of clients currently in the licensed midwife's care; ii. The number of women in the licensed midwife's practice that are postpartum; iii. 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 involving serious complications or the transport of a mother or baby to the hospital. <p>e. 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. Discussion and evaluation within a peer review session shall not be shared outside the session without the consent of the licensee or used as the basis for disciplinary action against a licensee.</p> <p>03. Carryover Hours. A licensed midwife may carryover a maximum of five (5) hours of continuing education to meet the next year's continuing education requirement.</p> | <p>Protects information shared during peer review and provides assurance that such information will not be used as the basis for disciplinary action.</p> |
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| 200. | <p>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; is authorized to obtain and administer prescription drugs used during maternal and neonatal care in accordance with Idaho Code § 54-5504A.</p> <p>*See Appendix A for the protocol table that was struck.</p> <p><u>02. Possession. Licensed midwives may obtain prescription medication for which they have the requisite education, training, and experience to competently administer.</u></p> <p><u>03. Treatment. For the purpose of this rule, formulary means the medication dosage, route of administration, and duration of therapy that conforms to the Food and Drug Administration approved indication and the acceptable midwifery standard of care. Evidence-based off-label use is permitted for any drug, provided it falls within the acceptable standard of care.</u></p> <p><u>04. Prohibitions. Licensed midwives acting beyond the acceptable standard of care by obtaining or administering non-formulary medications to patients, unless authorized by Idaho law, are subject to discipline or other legal action.</u></p> | <p>Updates the midwifery formulary to align with amendments to Idaho Code § 54-5504 made through House Bill 639 (2026) and in conformance of I.C § 67-9407. The House Bill removed the enumerated list of drugs that midwives could obtain and administer and tasked the Board of Nursing with adopting rules that:</p> <p>“Define a formulary and protocol for use by licensed midwives of drugs indicated for maternal care or neonatal care, as provided for in section 54-5504A, 41 Idaho Code”</p> <p>The proposed changes allow midwives to obtain and administer medications in accordance with evolving practice standards, clinical developments, and best practices. Restrictions help ensure that midwives are only obtaining and administering drugs applicable to their profession and within their education, training, and experience.</p> |
| 201. | <p>OBTAINING, STORING, AND DISPOSING OF FORMULARY DRUGS.</p> <p>A licensed midwife must adhere to the requirements in Title 54 Chapter 17 Idaho Code and IDAPA 24.36.01 Rules of the Idaho State Board of Pharmacy provide adequate measures to ensure proper storage, transportation, and disposal of prescription medications within their possession and in accordance with Title 54, Chapter 17, Idaho Code. for obtaining, storing, and disposing of formulary drugs during the practice of midwifery.</p> | <p>Updates references to reflect the codification of Board of Pharmacy rules in 2025 (HB 200) which were previously found in IDAPA 24.36.01.</p> |
| 203. | <p>A licensed midwife must adhere to the <u>applicable standard of care when providing antepartum, intrapartum, postpartum, and newborn care, consistent with Title 54, Chapter 55, Idaho Code. 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.</u></p> | <p>Removes unnecessary redundancy between rule and statute, as Title 54, Chapter 55 of Idaho Code already defines midwifery scope and practice standards.</p> |

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| 203.01. | 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), Title 54, Chapter 55, Idaho Code, unless such disorders, diagnoses, conditions, or symptoms are being treated, monitored, or managed by a licensed health care provider. In Section 54-5505(1)(e)(ii)(14), Idaho Code, "history" includes illicit drug use or addiction during the current pregnancy. (3-28-23) | Updates the statutory reference and removes unnecessary explanatory language which is duplicative of statute (§ 54-5504 (e)(ii)). |
| 203.02. | Conditions for Which a Licensed Midwife Must Facilitate Hospital Transfer. A licensed midwife must facilitate the immediate transfer of a client to a hospital for emergency care if the client has any of the disorders, diagnoses, conditions, or symptoms listed in Section 54-5505(1)(e)(iv) Title 54, Chapter 55, Idaho Code. Maternal fever in labor of more than 100.4 degrees Fahrenheit, in the absence of environmental factors; suggestion of fetal jeopardy, such as frank bleeding before delivery, any abnormal bleeding (with or without abdominal pain), evidence of placentalabruption, 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; | Updates the statutory reference and removes language that is duplicative of statute (§ 54-5504 (e)(iv)). |

Appendix A.

| Drug | Indication | Dose | Route of Administration | Duration of Treatment |
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| Oxygen | Maternal/Fetal Distress Neonatal Resuscitation | 10-12 L/min. 10 L/min. 10-12 L/min. 10 L/min. | Bag and mask Mask Bag and mask Mask | Until maternal/fetal stabilization is achieved or transfer to hospital is complete. |
| Oxytocin (Pitocin) | Postpartum hemorrhage only | 10 Units/ml | Intramuscularly only | 1-2 doses Transport to hospital required if more than 2 doses required. |
| Lidocaine HCl 2% | Local anesthetic for use during postpartum repair | Maximum 50 ml | Percutaneous infiltration only | Completion of repair |

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| | of lacerations or episiotomy | | | |
| 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 D5LR | Birth of baby |
| Methergine (Methylergonovine) | Postpartum hemorrhage only | 0.2mg/ml | Intramuscularly only 1 dose | Transport to hospital required if single dose does not stop hemorrhage |
| Ampicillin Sodium (Alternative) | Group B-Strep Prophylaxis | 2 grams initial dose, then 1 gram every 4 hours until birth | IV in ≥ 100 ml NS or LR | Birth of baby |
| Cefazolin Sodium (drug of choice for penicillin allergy with low risk for anaphylaxis) | Group B-Strep Prophylaxis | 2 grams initial dose, then 1 gram every 8 hours | IV in ≥ 100 ml LR, NS or D5LR | 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 (D5LR) | To achieve maternal stabilization | 1–2 liter bags First liter run in at a wide open rate, the second liter titrated to client's condition | Intravenously with ≥ 18 -gauge catheter | Until maternal stabilization is achieved or transfer to a hospital is complete |

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| 0.9% Sodium Chloride (NS) Sterile Water | Reconstitution of antibiotic powder | As directed | As directed | 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 |

