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GENERAL ADMINISTRATION

332-015-0000
Definitions

The following definitions apply as used in OAR 332-015-0000 through 332-030-0030.

(1) "*Agency*" means the Health Licensing Office. The agency is responsible for the budget, personnel, performance-based outcomes, consumer protection, fee collection, mediation, complaint resolution, discipline, rulemaking and record keeping.

(2) "*Antepartum*" means the period of time before the onset of labor with reference to the mother.

(3) "*Birth assistant*" means anyone who provides support or hands on aid to the primary birth attendant, or who functions under the supervision of a primary birth attendant, and has been trained in intrapartum emergency skills of direct entry midwifery.

(4) "*Board*" means, pursuant to ORS 687.470, the entity that advises the agency on matters relating to the practice of direct entry midwifery, and determines practice standards, education and training, and provides consultation to the agency on all disciplinary issues in accordance with ORS 687.420 to 687.495.

(5) "*Client records*" means written documentation, including licensee signatures or initials, of midwifery care provided to a client, including but not limited to demographic information, medical history, prenatal care, diagnostic studies and laboratory findings, labor, birth, and immediate postnatal care, maternal and infant care through postnatal weeks six to eight, emergency transport plan, informed consent documentation, Health Insurance Portability and Accountability Act (HIPAA) releases.

(6) "*Consultation*" means a dialogue for the purpose of obtaining information or advice with an Oregon licensed health care provider, with hospital privileges if appropriate. Consultation includes but is not limited to the following objectives:

(a) Confirmation of a diagnosis;

(b) Recommendation regarding management of the medical problem or condition;

(c) Transfer of total or partial care of the patient when necessary.

(7) "*Continuing education*" means ongoing training or instruction by which midwives shall keep current regarding issues relevant to the provision of maternal, newborn and well women care.

(8) "*Director*" means the individual who is responsible for the performance of the agency as defined in ORS 676.610. The director appoints all subordinate officers and employees to carry out the duties of the agency.

(9) "Emergency skills of midwifery" means the provision of vital sign assessment, CPR, infant resuscitation, maternal hemorrhage control, charting, fetal monitoring, treatment of shock, essentials of maternal and infant transport procedures, and the setup of necessary equipment.

(10) "*Emergency transport*" means the mechanism by which a mother or newborn would be moved to a location where appropriate care could be provided. Such means may include ambulance or private vehicle.

(11) "*Employed by*" means other than independent contractor relationship and does not require remuneration.

(12) "*Endorsement*" means the authorization conferred on a licensed direct entry midwife for access to and administration of specific legend drugs and devices, upon completion of Board prescribed continuing education in accordance with ORS 687.493.

(13) "*Equivalent*" means substantially comparable but not identical, covering the same subject matter.

(14) "*Family planning*" means advice, counseling and provision of various contraceptive methods.

(15) "*Fetal distress*" is a condition in which the fetus demonstrates progressive and irresolvable clinical signs of compromise, such signs to include: abnormal fetal movement; loss of heart tone variability; non-reassuring fetal heart rate deceleration patterns such as late decelerations; non-reassuring changes in fetal heart baseline rate.

(16) "*Health Licensing Office*" means the agency.

(17) "*Infectious Process*" is a condition in which an individual demonstrates a combination of clinical signs of pathogenic infection. In the mother, such signs would include: weak, thready, elevated pulse, temperature over 101 degrees Fahrenheit taken orally, foul vaginal odor, foul odor of amniotic fluid, localized tenderness upon palpation, pain in the involved area (uterus, perineum, etc), malaise, headache, if pregnant fetal tachycardia. In the newborn infant, such signs would include: temperature instability with axillary temperatures of greater than 100 degrees Fahrenheit or less than 95.6 degrees Fahrenheit being particularly concerning, lethargy, poor feeding, respiratory distress, hypotonia or hypertonia, enlarged liver and/or spleen, skin lesions such as rashes or blisters, pallor, poor capillary refill, foul odor of placenta, amniotic fluid or baby.

(18) "*Informed Consent*" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked and will document the discussion.

(19) "*Intrapartum*" means the period of time from the onset of labor through the birth of the baby.

(20) "License" means the document authorizing the holder to use the title Licensed Direct Entry Midwifery.

(21) "*Licensed Direct Entry Midwife*" means a person who meets the minimum qualifications for licensure under ORS 687.420

and is authorized by the Board to supervise the conduct of labor and childbirth; advise the parent as to the progress of the childbirth; render prenatal, intrapartum and postpartum care, and who meets the qualifications for reimbursement under medical assistance programs according to 687.415.

(22) "*Maternal exhaustion*" means a condition in which the mother demonstrates a combination of clinical signs of compromise, such signs would include: elevated pulse over 100, extreme fatigue, dehydration, hypoglycemia, concentrated urine, ketonuria of 3 or greater, temperature over 101 degree Fahrenheit.

(23) "*MANA*" means the Midwives Alliance of North America.

(24) "*MEAC*" means the Midwifery Education and Accrediting Council.

(25) "*Midwife disclosure statement*" means the written provision of information to clients which shall include but not be limited to: philosophy of care, midwifery training and education, clinical experience, services provided to clients, types of emergency medications and equipment used, fees for services including payment arrangements, responsibilities of the mother and her family, malpractice insurance coverage, and the address of the State Board of Direct Entry Midwifery.

(26) "*NARM*" means the North American Registry of Midwives.

(27) "*Newborn examination*" means the assessment of newborn well-being during the first hours of life.

(28) "*Official transcript*" means an original document certified by a school or educational institution, on a form approved by the Department of Education or regulating authority, delivered from the school to the agency by mail or courier, which includes:

(a) School and location;

(b) Student's name, address and date of birth;

(c) Enrollment and completion or termination dates;

(d) Hours and types of course work;

(e) Final examination scores;

(f) School seal or stamp;

(g) Signature of authorized school representative or registrar.

(29) "*Pathology in childbirth*" means the variations which significantly compromise the well being of mother, fetus, or newborn.

(30) "*Peer review*" means the discussion of cases with other care providers and students for the purpose of obtaining and providing suggestions regarding care.

(31) "*Postpartum*" means the period of time after the birth of the baby.

(32) "*Practice*" means the clinical procedures used in the conduct of direct entry midwifery.

(33) "*Prenatal*" means the encompassing period of time from conception to the onset of labor.

(34)"*Primary birth attendant*" means the midwife who assumes direct responsibility for the direct entry midwife/client relationship.

(35) "*Re-Activated license*" is a status of a person's license when the person was previously licensed, but application was not made for renewal prior to the expiration of the previous license, but now has met qualifications for and has been re-issued a license.

(36) "*Risk assessment*" means the analysis of health compromising conditions relevant to pregnancy, birth and the postpartum period based on information gathered through interview, clinical examination and historical data. Risk categories are identified as follows:

(a) "*Absolute Risk*" means the conditions or clinical situations whereby a client presents an irresolvable obstetrical or neonatal risk which would preclude being an acceptable candidate for an out of hospital birth.

(b) "*Non-Absolute risk*" is a condition or clinical situation which places a client at increased obstetric or neonatal risk, but does not automatically exclude a client from out-of-hospital birth.

(c) "*Non-Absolute risk factor consultation*" is the consultation required when a client presents with a non-absolute risk factor(s). This consultation shall be with at least one Oregon licensed health care provider as defined in section (6) of this rule.

(37) "*Sharps*" means items which includes needles, IV tubing with needles attached, scalpel blades, lancets, glass tubes that could be broken during handling and syringes that have been removed from their original sterile containers.

(38) "*Valid license*" means a license that is not expired, suspended or revoked.

Stat. Auth.: ORS 687.485
Stats. Implemented: ORS 183.450(7) & 687.485
Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98; DEM 1-1999(Temp), f. 9-1-99, cert. ef. 9-9-99 thru 2-29-00; DEM 2-1999, f. 12-17-99, cert. ef. 12-20-99; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04

332-015-0010
Standards for Qualifications for Licensure of Direct Entry Midwives

The agency shall review each applicant's qualifications for licensure according to ORS 687.420 to determine whether sufficient knowledge in the practice of direct entry midwifery has been attained. Education consists of three components: theoretical knowledge base, skill instruction, and practical experience that are demonstrable in a clinical setting. Applicants must meet the following criteria:

(1) Education as determined by the Board in accordance with OAR 332-015-0040.

(2) Pursuant to ORS 687.420, participation in 25 assisted deliveries, 25 deliveries for which the midwife was the primary birth attendant, 100 prenatal care visits, 25 newborn examinations, and 40 postnatal examinations. Of these 50 births, at least 25 deliveries must have taken place in an out-of-hospital setting. The applicant must have provided continuity care for at least ten of the primary birth attendant deliveries, including four prenatal visits, one newborn examination and one postpartum exam.

(3) Current certification in cardiopulmonary resuscitation for adults and newborns, which includes newborn bag and mask ventilation, and required education in approved legend drugs and devices as provided in OAR 332-015-0070 to qualify for the license endorsement.

(4) A written plan for emergency transport; and

(5) Successful passage of Board approved examination(s) as set forth in OAR 332-015-0050.

Stat. Auth.: ORS 183, 687.420 & 687.430
Stats. Implemented: ORS 183, 687.420 & 687.430
Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04

332-015-0030
Application Requirements

(1) Individuals applying for licensure to practice direct entry midwifery must meet the requirements of OAR 331-030-0000 in addition to the provisions of this rule.

(2) Applicants must submit an application form prescribed by the agency, which must contain the information listed in OAR 331-030-0000(5), and be accompanied by payment of the application and license fees, and include the following:

(a) Documentation of education as outlined in OAR 332-015-0040.

(b) Documentation of minimum clinical experiences as outlined in OAR 332-015-0010(2) and 332-015-0040.

(c) Current certification in cardiopulmonary resuscitation for adults and newborns, which includes newborn bag and mask ventilation.

(d) Documentation of required education in approved legend drugs and devices as provided in OAR 332-015-0070 if applying for the license endorsement.

(e) Written plan for emergency transport for mother and/or newborn.

(f) Submission of satisfactory evidence of passage of the NARM examination, which may include official documentation of a passing score of the Certified Professional Midwife (CPM) examination, or copy of the applicant's CPM credential issued by the North American Registry of Midwives (NARM). Copies of examination results or other documentation provided by the applicant are subject to NARM verification.

(3) Applicants must attest by their signature on the application form to having received and read a copy of the Oregon laws and rules governing the practice of direct entry midwifery.

Stat. Auth.: ORS 687.420 & 687.485
Stats. Implemented: ORS 687.420 & 687.485
Hist.: DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04

332-015-0040
Education

(1) All applicants must have completed the following minimum core competencies adapted from the 1997 Edition of the Midwives Alliance of North America (MANA) and approved by the Board:

(a) **General Knowledge and Skills**: The midwife provides care incorporating certain concepts, skills and knowledge from a variety of health and social sciences, including but not limited to:

(A) Communication, counseling and teaching skills.

(B) Human anatomy and physiology relevant to childbearing.

(C) Community standards of care for women and their developing infants during the childbearing cycle, including midwifery and bio-technical medical standards and the rationale for and limitations of such standards.

(D) Health and social resources in the community.

(E) Significance of and methods for documentation of care through the childbearing cycle.

(F) Informed decision-making.

(G) The principles and appropriate application of clean and aseptic technique and universal precautions.

(H) The selection, use and care of the tools and other equipment employed in the provision of midwifery care.

(I) Human sexuality, including indications of common problems and indications for counseling.

(J) Ethical considerations relevant to reproductive health.

(K) The grieving process.

(L) Knowledge of cultural variations.

(M) Knowledge of common medical terms.

(N) The ability to develop, implement and evaluate an individualized plan for midwifery care.

(O) Woman-centered care, including the relationship between the mother, infant and their larger support community.

(P) Knowledge of various health care modalities as they apply to the childbearing cycle.

(b) **Care During Pregnancy (Antepartum)**: The midwife provides health care, support and information to women throughout pregnancy. The midwife determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

(A) Identification, evaluation and support of maternal and fetal well-being throughout the process of pregnancy.

(B) Education and counseling for the childbearing cycle.

(C) Preexisting conditions in a woman's health history, which are likely to influence her well-being when she becomes pregnant.

(D) Nutritional requirements of pregnant women and methods of nutritional assessment and counseling.

(E) Changes in emotional, psychosocial and sexual variations that may occur during pregnancy.

(F) Environmental and occupational hazards for pregnant women.

(G) Methods of diagnosing pregnancy.

(H) Basic understanding of genetic factors, which may indicate the need for counseling, testing or referral.

(I) Basic understanding of the growth and development of the unborn baby.

(J) Indications for, risks and benefits of bio-technical screening methods and diagnostic tests used during pregnancy.

(K) Anatomy, physiology and evaluation of the soft and bony structures of the pelvis.

(L) Palpation skills for evaluation of the fetus and uterus.

(M) The causes, assessment and treatment of the common discomforts of pregnancy.

(N) Identification of, implications of and appropriate treatment for various infections, disease conditions and other problems, which may affect pregnancy.

(O) Special needs of the Rh(D)-negative woman.

(c) **Care During Labor, Birth and Immediately Thereafter (Intrapartum)**: The midwife provides health care, support and information to women throughout labor, birth and the hours immediately thereafter. The midwife determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

(A) The normal processes of labor and birth.

(B) Parameters and methods for evaluating maternal and fetal well-being during labor, birth and immediately thereafter, including relevant historical data.

(C) Assessment of the birthing environment, assuring that it is clean, safe and supportive, and that appropriate equipment and supplies are on hand.

(D) Emotional responses and their impact during labor, birth and immediately thereafter.

(E) Comfort and support measures during labor, birth and immediately thereafter.

(F) Fetal and maternal anatomy and their interactions as relevant to assessing fetal position and the progress of labor.

(G) Techniques to assist and support the spontaneous vaginal birth of the baby and placenta.

(H) Fluid and nutritional requirements during labor, birth and immediately thereafter.

(I) Assessment of and support for maternal rest and sleep as appropriate during the process of labor, birth and immediately thereafter.

(J) Causes of, evaluation of and appropriate treatment for variations which occur during the course of labor, birth and immediately thereafter.

(K) Emergency measures and transport procedures for critical problems arising during labor, birth or immediately thereafter.

(L) Understanding of and appropriate support for the newborn's transition during the first minutes and hours following birth.

(M) Familiarity with current bio-technical interventions and technologies which may be commonly used in a medical setting.

(N) Evaluation and care of the perineum and surrounding tissues.

(d) **Care After Delivery (Postpartum Care)**: The midwife provides health care, support and information to women throughout the postpartum period. The midwife determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes but is not limited to the following:

(A) Anatomy and physiology of the mother during the postpartum period.

(B) Lactation support and appropriate breast care including evaluation of, identification of and treatments for problems with nursing.

(C) Parameters and methods for evaluating and promoting maternal well-being during the postpartum period.

(D) Causes of, evaluation of and treatment for maternal discomforts during the postpartum period.

(E) Emotional, psychosocial and sexual variations during the postpartum period.

(F) Maternal nutritional requirements during the postpartum period including methods of nutritional evaluation and counseling.

(G) Causes of, evaluation of and treatments for problems arising during the postpartum period.

(H) Support, information and referral for family planning methods, as the individual woman desires.

(e) **Newborn Care**: The entry-level midwife provides health care to the newborn during the postpartum period and support and information to parents regarding newborn care. The midwife determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

(A) Anatomy, physiology and support of the newborn's adjustment during the first days and weeks of life.

(B) Parameters and methods for evaluating newborn wellness including relevant historical data and gestational age.

(C) Nutritional needs of the newborn.

(D) Community standards and state laws regarding indications for, administration of and the risks and benefits of prophylactic biotechnical treatments and screening tests commonly used during the neonatal period.

(E) Causes of, assessment of, appropriate treatment and emergency measures for newborn problems and abnormalities.

(f) **Professional, Legal and Other Aspects**: The entry-level midwife assumes responsibility for practicing in accord with these core competencies. The midwife uses a foundation of knowledge and/or skill which includes the following:

(A) National documents concerning the art and practice of Midwifery.

(B) The principles and practice of data collection as relevant to midwifery care.

(C) Statutes and administrative rules governing the practice of midwifery in the local jurisdiction.

(D) Various sites, styles and modes of practice within the larger midwifery community.

(E) A basic understanding of maternal/child health care delivery systems in the local jurisdiction.

(F) Awareness of the need for midwives to share their knowledge and experience.

(g) **Well-woman Care and Family Planning**: Depending upon education, the entry-level midwife may provide family planning and well-woman care. The practicing midwife may also choose to meet the following core competencies with additional education. In either case, the midwife provides care, support and information to women regarding their overall reproductive health, using a foundation of knowledge and/or skill which includes the following:

(A) Understanding of the normal life cycle of women.

(B) Evaluation of the woman's well-being including relevant historical data.

(C) Causes of, evaluation of and treatments for problems associated with the female reproductive system and breasts.

(D) Information on, provision of or referral for various methods of contraception.

(E) Issues involved in decision-making regarding unwanted pregnancies and resources for counseling and referral.

(2) The education requirements may be satisfied by a combination of the following:

(a) Self study, including attending workshops, studying textbooks, reviewing video and audio tapes;

(b) Completion of education programs, including seminars, lectures, or classes;

(c) Participation in birth experiences as evidenced by letters from primary birth attendant and supported by delivery summaries, statistical data forms and/or prenatal summaries, and/or client provided documentation of such participation. If a client provides information, the client's consent for disclosure of medical records should be included. In the alternative, client-identifying information should be removed from the records.

(3) In the alternative to (2) above, education requirements may be met by satisfactory completion of certain midwifery education programs plus additional clinical experience, or by programs, which include clinical experience. Those applicants who have been awarded a NARM CPM credential or a certificate of completion or diploma from a MEAC accredited program will satisfy Board education requirements as long as they meet the standards of OAR 332-015-0010(2).

NOTE: A list of approved education programs is on file and available for review at the board office.

[ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 183, 687.420, 687.480 & 687.485

Stats. Implemented: ORS 183, 687.420, 687.480 & 687.485

Hist.: DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98; DEM 2-1998, f. 4-14-98, cert. ef. 4-15-98; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04

332-015-0050
NARM Midwifery Examination

(1) The Board has selected the Certified Professional Midwifery examination administered by the North American Registry of Midwives (NARM) as its qualifying examination. Individual applicants are responsible for payment of all NARM application, examination, national certification or other fees directly to NARM.

(2) Applicants who meet the education and/or training requirements and achieve a passing score on the examination must request certification of the passing score be sent from the North American Registry of Midwives to the agency as a prerequisite to application.

Stat. Auth.: ORS 676.615, 687.480 & 687.485

Stats. Implemented: ORS 676.615, 687.480 & 687.485

Hist.: DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04

332-015-0060
Application for Licensure Based on Equivalency

(1) An applicant who is currently licensed to practice direct entry midwifery in another state or who has been licensed within the past three years and who has not had a license suspended or revoked is eligible for licensure by equivalency.

(2) The requirements for licensure by equivalency are as follows:

(a) A completed application form and required documentation listed in OAR 332-015-0030;

(b) In lieu of documentation listed in OAR 332-015-0030(2)(f) evidence satisfactory to the Board that applicant has passed another state sponsored exam which the Board finds to be the equivalent of the NARM exam;

(c) Affidavit of Licensure from another state. An original signed and sealed or stamped form issued upon the request of an applicant licensed in another state and mailed directly to the agency by the state;

(d) Current certification in cardiopulmonary resuscitation for adults and newborns, which includes newborn bag and mask ventilation;

(e) Documentation of required education in approved legend drugs and devices as provided in OAR 332-015-0070.

(f) A written plan for emergency transport;

(g) Applicants shall attest by their signature on the application form to having received and read a copy of the Oregon laws and rules governing the practice of direct entry midwifery.

(h) Payment of the application and original license fees.

Stat. Auth.: ORS 676.605, 676.615, 687.420, 687.430 & 687.485

Stats. Implemented: ORS 676.605, 676.615, 687.420, 687.430 & 687.485

Hist.: DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98; DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04

332-015-0065
License Endorsement

(1) A licensed midwife must complete the Board prescribed education requirements in OAR 332-015-0070 to be issued a license endorsement that authorizes access to and administration of legend drugs and devices.

(2) As of April 1, 2004, all Direct Entry Midwives applying for a new, renewal or reactivated license must have completed the Board prescribed education requirements in OAR 332-015-0070.

Stat. Auth.: ORS 676.605, 676.615, 687.485 & 687.493

Stats. Implemented: ORS 676.605, 676.615, 687.485 & 687.493

Hist.: DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04

332-015-0070
Approved Legend Drugs and Devices Prescribed Education

To be granted a license endorsement authorizing access to administer legend drugs and devices an applicant or licensee must successfully complete the *Basic Program Curriculum* consisting of 40 clock hours of instruction in the approved curriculum. Each licensed midwife shall also complete the *Renewal Program* every four years, consisting of 12.5 clock hours of continuing education. The *Basic Program* and the Renewal Program must be taught by a MEAC accredited or pre-accredited school, the Oregon Midwifery

Council or by an organization authorized by the Board to provide continuing education. A list of approved sources of instruction shall be available from the agency. Both the Basic Program and the Renewal Program are comprised of theory, hands on practice and skills testing for competency.

(1) The Basic Program consists of:

(a) EIGHT CLOCK HOURS in Pharmacology covering drugs listed in OAR 332-025-0040 and 332-025-0050;

(A) Mechanism of Pharmacological Action;

(B) Indications;

(C) Therapeutic Effects;

(D) Side Effects/Adverse Reactions;

(E) Contraindications;

(F) Incompatibilities/Drug Interactions; and

(G) Drug administration including:

(i) Dosage;

(ii) Dosage Form and Packaging;

(iii) Routes of Administration;

(iv) Onset of Action;

(v) Peak Effect; and

(vi) Duration of Action.

(b) TWO CLOCK HOURS of administration of medications through injection, which includes:

(A) Universal precautions including the use and disposal of sharps;

(B) Equipment including:

(i) Needles;

(ii) Filter Needles (for use with glass ampules);

(iii) Syringes;

(iv) Skin surface disinfectants; and

(v) Medication containers (ampules, multi- and single-use vials).

(C) Appropriate injection sites;

(D) Procedures for drawing up and administering drugs;

(E) Special case: Administration of Medications Intravenously; and

(F) Care of equipment.

(c) SIXTEEN CLOCK HOURS in advanced treatment of shock, which includes:

(A) Theory of shock;

(B) Non-invasive treatment of shock;

(C) Intravenous fluid therapy;

(D) Purpose of IV fluid therapy;

(E) Equipment;

(F) Appropriate sites;

(G) Procedure;

(H) Rate of administration; and

(I) Care of equipment.

(d) SIX CLOCK HOURS in Maternal and neonatal resuscitation including:

(A) Basic life support techniques;

(B) Cardio-Pulmonary Resuscitation (CPR);

(C) Use of oxygen; and

(D) Positive pressure ventilation (bag, valve, mask).

(e) EIGHT CLOCK HOURS in suturing including:

(A) Assessing the degree of damage for repair;

(B) Use of local anesthetic;

(C) Equipment including:

(i) Suture;

(ii) Needles; and

(iii) Instruments.

(D) Use of needle holder and working with curved needle;

(E) Knot tying (Instrument knot);

(F) Basic stitching techniques including:

(i) Interrupted;

(ii) Basting;

(iii) Lock Blanket; and

(iv) Running mattress.

(G) Repairing the simple first-degree tear; and

(H) Repairing a second-degree tear.

(2) The Renewal Program consists of 12.5 clock hours drawn for the subjects covered in the Basic Program.

(3) The requirements in subsection (1), for the *Basic Program Curriculum* consisting of 40 clock hours of instruction in the approved curriculum, must be completed within the four years immediately before the date of application for licensed endorsement in legend drugs and devices.

(4) Authority for licensed direct entry midwives to access and administer legend drugs and devices is contingent upon meeting continuing education requirements as a condition of license renewal. Refer to OAR 332-020-0010.

(5) A copy of Board approved curriculum objectives will be retained on file at the agency and made available upon receipt of a written request and payment of an administrative fee for acquiring public records. Refer to OAR 331-010-0030.

Stat. Auth.: ORS 676.615, 687.485 & 687.493

Stats. Implemented: ORS 676.615, 687.485 & 687.493

Hist.: DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04; DEM 2-2008(Temp), f. 9-15-08 cert ef. 10-1-08 thru 3-30-09; DEM 1-2009, f. 3-31-09, cert. ef. 4-1-09

DIVISION 20

LICENSURE

332-020-0000
License Issuance and Renewal; Reactivation

(1) **LICENSING**: Licensees are subject to the provisions of OAR 331-030-0010 regarding the issuance and renewal of a license, and to the provisions of 331-030-0000 and 331-030-0020 regarding authorization to practice, identification, and requirements for issuance of a duplicate authorization.

(2) **RENEWAL**: License renewal must be made in advance of the license expiration date by submitting the following:

(a) Renewal application form;

(b) Payment of required license renewal fee;

(c) Evidence of continuing education and peer review as required in subsection 3 of this rule, OAR 332-020-0010 and 332-025-0020(2);

(d) Evidence of current certification in cardiopulmonary resuscitation for adults and newborns, which includes newborn bag and mask ventilation; and

(e) Evidence of required education in approved legend drugs and devices as prescribed in OAR 332-015-0070 and subsection 3 of this rule.

(3) **CONTINUING EDUCATION ATTESTATION**: Applicants for license renewal must submit the completed renewal form, with their signature affixed as attestation to completion of required continuing education hours. Documentation of continuing education hours earned must be provided to the agency only when selected for audit. Refer to OAR 332-020-0015.

(4) Any license that is not renewed prior to the license expiration date will automatically revert to inactive status.

(5) **REACTIVATION**: Direct entry midwives may reactivate a license within three years from date of expiration by submitting the following:

(a) Re-activation application form;

(b) Payment of required application, reactivation and license fees pursuant to OAR 332-020-0020;

(c) Continuing education and peer review as required in OAR 332-020-0010 and 332-025-0020(2);

(d) Evidence of required education in approved legend drugs and devices as provided in OAR 332-015-0070;

(e) Evidence of current certification in cardiopulmonary resuscitation for adults and newborns, which includes newborn bag and mask ventilation;

(f) Failure to meet requirements set forth in subsections (c) through (e) within three years from the date of license expiration will require passage of a Board approved national examination within one year preceding the date of application for reactivation of license. Ver-

ification of successful passage of the examination must be sent directly to the agency from the originating authority.

(6) Direct entry midwives who have not reactivated their license within three years of the expiration date, and who have not engaged in active practice, may be granted a reactivated license after submission of the following:

(a) Re-activation application form;

(b) Payment of required application, reactivation and license fees pursuant to OAR 332-020-0020;

(c) Evidence of current certification in cardiopulmonary resuscitation for adults and newborns, which includes newborn bag and mask ventilation;

(d) Evidence of required education in approved legend drugs and devices, the basic course that is 40 hours if three years have passed, as provided in OAR 332-015-0070;

(e) Evidence of successful passage of a Board approved examination within one year preceding the date of application for reactivation of license. Verification of successful passage of the examination must be sent directly to the agency from the originating authority.

(7) An applicant who was previously licensed in Oregon and who has been engaged in the active practice of direct entry midwifery during the last three years preceding reapplication for Oregon licensure will not be required to pass the written examination for reactivation according to ORS 687.425, if the following documentation and fees are submitted:

(a) Re-activation application form and requirements listed in OAR 331-030-0000;

(b) Payment of required application, reactivation and license fees pursuant to OAR 332-020-0020;

(c) Verification of active practice of direct entry midwifery through submission of tax records, client letters, or participation in peer review. Documentation must substantiate practice with an average of five clients per year with a minimum of 15 clients in a three-year period;

(d) Evidence of continuing education and peer review as required in OAR 332-020-0010 and 332-025-0020(2);

(e) Evidence of current certification in cardiopulmonary resuscitation for adults and newborns, which includes newborn bag and mask ventilation;

(f) Evidence of required education in approved legend drugs and devices as provided in OAR 332-015-0070;

(g) Failure to meet requirements set forth in subsections (7)(c) through (f) of this rule will require passage of a Board approved national examination within one year preceding the date of application for reactivation of license. Verification of successful passage of the examination must be sent directly to the agency from the originating authority.

Stat. Auth.: ORS 676.605, 676.615, 687.420, 687.425, 687.430, 687.485 & 687.493

Stats. Implemented: ORS 676.605, 676.615, 687.420, 687.425, 687.430, 687.485 & 687.493

Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04; DEM 1-2008, f. 9-15-08 cert. ef. 10-1-08

332-020-0010
Continuing Education

(1)(a) **HOURLY REQUIREMENTS**: To qualify for license renewal a direct entry midwife must complete approved continuing education every two years from the date of initial licensure or as specified for issuance, renewal and reactivation of the license. The number of required hours is as follows:

(b) Thirty (30) clock hours pertaining to scope of practice issues, standards of midwifery care, the law and rules regulating the practice of direct entry midwifery, science, health care professional concerns such as infection control or medical emergencies, ethics, and business practices. Infection control, as used in this rule section, includes but is not limited to appropriate protocols for labeling, handling and disposing of bio-hazard products, including sharps and medical waste; exposure to blood-borne pathogens and prevention of cross-contamination through appropriate sterilization, disinfection, hand-washing and gloving standards, and correct disposal of articles/items in contact with blood and/or bodily fluids.

(2)(a) **HOURLY REQUIREMENTS**: To qualify for license renewal a direct entry midwife must complete approved continuing education every four years from the date of initial licensure or as specified for issuance, renewal and reactivation of the endorsement for administration of legend drugs and devices. The number of required hours is as follows:

(b) Twelve and one half (12.5) clock hours pertaining to Board approved legend drugs and devices as referenced in OAR 332-025-0040, 332-025-0050, and 332-025-0060, which includes current information on approved drugs, administration procedures, treatment of shock including IV therapy, maternal and neonatal resuscitation and suturing. Education must consist of theory, hands on practice, and skills testing for competency assurance. The 12.5 clock hours of education applies after completion of the initial approved 40 course hours for license endorsement to administer legend drugs and devices.

(3) **CONTINUING EDUCATION PROVIDERS/ SPONSORS**: Continuing education includes attendance or participation at an instructional program presented, recognized, or under the auspices of any Board approved permanently organized institution or professional organization or association:

(4) **CONTINUING EDUCATION PATHWAYS**:

(a) Attendance at lectures, post-secondary school or postgraduate courses, scientific sessions at conventions, courses offered by an approved association or licensed/accredited school, classes or courses offered through an institution such as the American Red Cross, hospitals, health care clinics, correspondence courses or internet courses.

(b) Continuing education relating to subject matter listed in subsection (1)(a) of this rule may be also be obtained through research or teaching (provided that no more than half the required hours be in teaching).

(c) Up to nine clock hours of continuing education relating to subject matter listed in subsection (1)(a) of this rule may be completed through self-study and documented on forms provided by the agency.

(5) **DOCUMENTATION REQUIREMENTS**: Submission to the agency of proof of participation in continuing education is the responsibility of the direct entry midwife. The following provisions specify requirements for documenting completion of continuing education:

(a) Documentation shall include the name of the sponsoring institution, association or organization, title of presentation, description of content, name of instructor or presenter, date, duration in hours, and license or statement of attendance or completion provided by the sponsor.

(b) Documentation verifying completion of all required continuing education shall be accumulated and held by the direct entry midwife for two years following any reporting period, or until notification of audit is received. Continuing education documentation must be available and provided to the agency upon request. Refer to OAR 332-020-0015.

(6) **ADDITIONAL REQUIREMENTS AND PROVISIONS**: In addition to other requirements specified in this rule section, the following provisions apply toward meeting continuing education requirements as a condition of license renewal and reactivation:

(a) A midwife who has attended fewer than five births in the previous year shall be required to take an additional 10 hours of continuing education specific to basic midwifery practice outlined in subsection (1)(a) of this rule.

(b) Failing to obtain the prescribed number of clock hours and/or complete appropriate continuing education content must reapply and meet requirements listed in OAR 332-015-0030.

(c) Hours of continuing education that are obtained in "excess" of the minimum requirements listed in subsection (1)(a) and (b) of this rule will not be carried forward as credit for the subsequent license renewal reporting cycle.

(d) Continuing education is required for renewal even if the direct entry midwife license has been inactive, revoked or suspended during that period.

(7) Notwithstanding subsection (1) of this rule, the agency may adjust the requirements for legend drugs and devices continuing education to coincide with the licensee's current continuing education two year reporting period.

Stat. Auth.: ORS 676.615, 687.425 & 687.485
Stats. Implemented: ORS 676.615, 687.425 & 687.485
Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04; DEM 2-2008(Temp), f. 9-15-08 cert. ef. 10-1-08 thru 3-30-09; DEM 1-2009, f. 3-31-09, cert. ef. 4-1-09

332-020-0015
Continuing Education: Audit, Required Documentation and Sanctions

(1) The Health Licensing Office will audit a select percentage of licenses determined by the Board to verify compliance with continuing education requirements.

(2) Practitioners notified of selection for audit of continuing education attestation must submit to the agency, within 30 calendar days from the date of notification, satisfactory evidence of participation in required continuing education in accordance with OAR 332-020-0010.

(3) Documentation of a certificate of completion of attendance at a program or course provided by the sponsor must include:

(a) Name of sponsoring institution/association or organization;

(b) Title of presentation and description of content;

(c) Name of instructor or presenter;

(d) Date of attendance and duration in hours;

(e) Course agenda;

(f) Official transcript, diploma, certificate, statement or affidavit from the sponsor, attesting to attendance.

(4) If documentation of continuing education is invalid or incomplete, the licensee must correct the deficiency within 30 calendar days from the date of notice. Failure to correct the deficiency within the prescribed time shall constitute grounds for disciplinary action.

(5) Misrepresentation of continuing education, or failing to meet continuing education requirements or documentation may result in disciplinary action, which may include but is not limited to assessment of a civil penalty and suspension or revocation of the license.

Stat. Auth.: ORS 687.425 & 687.485
Stats. Implemented: ORS 687.425 & 687.485
Hist.: DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04

332-020-0020
Fees

(1) Applicants and licensees are subject to the provisions of OAR 331-010-0010 and 331-010-0020 regarding payment of fees, penalties and charges.

(2) Fees established by the Oregon Health Licensing Agency, in consultation with the Board, are as follows:

(a) Application:

(A) License: $150.

(B) License by reciprocity: $750.

(b) Examination — Oregon laws & rules: $50.

(c) Original issuance of license (including by reciprocity): $630 for one year.

(d) Renewal of license: $630 for one year.

(e) Other administrative fees:

(A) Delinquency fee: $50 for each year in expired status up to two years.

(B) Replacement of license, including name change: $25.

(C) Duplicate license document: $25 per copy with maximum of three.

(D) Affidavit of licensure: $50.

(E) An additional $25 administrative processing fee will be assessed if a NSF or non-negotiable instrument is received for payment of fees, penalties and charges. Refer to OAR 331-010-0010.

(3) Applicants for original issuance of Direct Entry Midwifery licensure may be granted a $500 original issuance of license fee discount, upon application for licensure. This license fee discount is available to fully qualified Direct Entry Midwife applicants residing in Oregon, as long as funding remains available, and only to those fully qualified applicants who have not previously held direct entry midwife licensure in Oregon. To be eligible for this discount, applicants must meet all qualifications in accordance with OAR 332-015-0000, 332-015-0010 and 332-015-0030.

Stat. Auth.: ORS 676.605, 676.615, 687.435 & 687.485
Stats. Implemented: ORS 676.605, 676.615, 687.435 & 687.485
Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1997(Temp), f. 7-22-97, cert. ef. 7-23-97; DEM 1-1999(Temp), f. 9-1-99, cert. ef. 9-9-99 thru 2-29-00; DEM 2-1999, f. 12-17-99, cert. ef. 12-20-99; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04; DEM 1-2008, f. 9-15-08 cert. ef. 10-1-08; DEM 1-2010(Temp), f. 3-31-10, cert. ef. 4-1-10 thru 9-13-10; DEM 2-2010, f. & cert. ef. 9-9-10; DEM 3-2010(Temp), f. 9-29-10, cert. ef. 10-1-10 thru 3-30-11

DIVISION 25

PRACTICE

332-025-0020
Practice Standards

Pursuant to ORS 687.480, licensed direct entry midwives shall comply with the following practice standards when supervising the conduct of labor and childbirth, advising the parent and, in rendering prenatal, intrapartum and postpartum care.

(1) To facilitate the cooperation of collection and reporting data on births in accordance with ORS 687.480 and 687.495, a licensed direct entry midwife shall include the designation L.D.M. after their name when completing birth certificates; and

(2) As a condition of license renewal, licensed direct entry midwives shall participate in peer review meetings in their regions or in conjunction with professional organization meeting(s), which shall include, but not be limited to the discussion of cases, and obtaining feedback and suggestions regarding care. Documentation shall be made on forms approved by the Board. Licensees shall participate in peer review according to the following schedule:

(a) Once per year if the licensee performed as the primary birth attendant at less than 40 births during the license year; or

(b) Twice per year if the licensee performed as the primary birth attendant at more than 40 births during the license year.

(3) A general explanation of the midwife's emergency transport plan shall be included in the client disclosure form to be given to the client. It shall include but not be limited to destination of transport; mode of transport; and provision for delivery equipment to be carried in the vehicle.

(4) Licensed direct entry midwives shall maintain equipment necessary to: assess maternal, fetal and newborn well being; maintain aseptic technique; respond to emergencies requiring immediate attention; and resuscitate mother and newborn when attending an out-of-hospital birth. In accordance with ORS 687.480(4) and 687.493(2), the Board recommends the following equipment as a guideline for licensed direct entry midwives;

(a) Anti-hemorrhagic agents;

(b) Antiseptic scrub;

(c) Birth certificates;

(d) Blood pressure cuff;

(e) Bulb syringe;

(f) Equipment for amniotomy;

(g) Equipment for administering injections;

(h) Flashlight or lantern and batteries;

(i) Heat source for newborn resuscitation;

(j) Infant and adult resuscitation equipment;

(k) Infant suction catheter with mucus trap;

(l) Labor, delivery postpartal and statistics records forms;

(m) Nitrazine paper;

(n) Scales and measuring tape;

(o) Sealable plastic containers for blood and bodily fluids;

(p) Sharps and rigid sealable containers;

(q) Sterile and non-sterile exam gloves;
(r) Stethoscope and fetascope;
(s) Thermometer
(t) Three hemostats;
(u) Umbilical cord occlusion devices;
(v) Urine dipsticks;
(w) Venipuncture equipment;
(x) Equipment for administering intravenous fluids; and
(y) Approved legend drugs/medications and devices listed in OAR 332-025-0040, 332-025-0050 and 332-025-0060.

(5) Licensed direct entry midwives shall ensure that mandatory services for newborns are provided in accordance with the provisions of OAR 333-021-0800 and 333-024-0205 through 0235.

(6) Licensed direct entry midwives who satisfactorily complete the Board approved education are authorized by license endorsement for access to and administration of legend drugs and devices, including items used for perineal and labial repair, amnihooks, infant suction catheter with mucus trap in the performance of services in accordance with ORS 687.405(3) and 687.493(2).

(7) Licensed direct entry midwives shall dispose of pathological waste resulting from the birth process in accordance with Oregon State Health Division provisions:

(a) Incineration, provided the waste is properly containerized at the point of generation and transported without compaction to the site of incineration; or

(b) Burial on private property if burial of human remains on such property is not prohibited or regulated by a local government unit at the designated site. Such burials shall be made in accordance with the provisions of the local government unit and the Department of Human Services, Health Services.

(8) Licensed direct entry midwives shall dispose of biological waste materials, which come into contact with blood and/or body fluids in a sealable plastic bag (separate from sealable trash or garbage liners) or in a manner that protects the licensee and the client and others who may come into contact with the material during disposal. Biological wastes may also be incinerated or autoclaved in equipment dedicated to treatment of infectious wastes.

(9) Licensed direct entry midwives shall dispose of sharps which come into contact with blood or bodily fluids in a sealable rigid (puncture proof) container that is strong enough to protect the licensee and the client and others from accidental cuts or puncture wounds during the disposal process.

(10) Sharps shall be placed into appropriate containers at the point of generation and may be transported without compaction to a landfill having an area designed for sharps burial or transported to an appropriate health care facility equipped to handle sharps disposal, provided the lid of the container is tightly closed or taped to prevent the loss of content and the container is appropriately labeled.

(11) Licensees shall maintain a midwife disclosure statement providing current and accurate information to prospective clients and must provide clients with this information. This statement must include but not be limited to:

(a) Philosophy of care;
(b) Midwifery training and education;
(c) Clinical experience;
(d) Services provided to clients;
(e) Types of emergency medications and equipment used;
(f) Responsibilities of the mother and her family;
(g) Fees for services including financial arrangements;
(h) Malpractice coverage.

(12) Licensees shall maintain a plan for emergency transport and must discuss the plan with the client. The plan must include but not be limited to:

(a) Place of transport;
(b) Mode of transport;
(c) Provisions for physician support and hospital including location and telephone numbers; and
(d) Availability of private vehicle or ambulance including emergency delivery equipment carried in the vehicle.

(13) Licensees shall maintain accurate written client records documenting the course of midwifery care.

Stat. Auth.: ORS 676.605, 676.615, 687.480 & 687.485
Stats. Implemented: ORS 676.605, 676.615, 687.480 & 687.485
Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 2-1998, f. 4-14-98, cert. ef. 4-15-98; DEM 1-1999(Temp), f. 9-1-99, cert. ef. 9-9-99 thru 2-29-00; DEM 2-1999, f. 12-17-99, cert. ef. 12-20-99; DEM 2-2000(Temp), f. 8-22-00, cert. ef. 8-22-00 thru 2-17-00; DEM 2-2000(Temp), f. 8-22-00, cert. ef. 8-22-00 thru 2-17-01; DEM 3-2000, f. 9-29-00, cert. ef. 10-1-00; DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; Administrative correction 11-7-01; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04

332-025-0021
Risk Assessment Criteria

Licensed direct entry midwives shall assess the appropriateness of an out-of-hospital birth for each client, taking into account the health and condition of the mother and fetus or baby according to the following two categories of risk assessment criteria in determining appropriate care:

(1) "Absolute risk" as defined in OAR 332-015-0000(36)(a). Clients who present one or more of the following absolute risk factors are not appropriate candidates for out-of-hospital birth:

(a) When absolute risk factors are present during the antepartum period, the midwife and the client must plan for an in-hospital birth;

(b) When absolute risk factors appear during the intrapartum period, the midwife must arrange to have the client transported to the hospital unless the birth is imminent;

(c) When absolute risk factors appear when the birth is imminent the midwife must take the health and condition of the mother and baby into consideration in determining whether to proceed with out-of-hospital birth or arranging for transportation to a hospital;

(d) When absolute risk factors appear postpartum, the midwife must immediately arrange for transportation to a hospital;

(e) When absolute risk factors appear in the infant, the midwife must immediately arrange for transportation to a hospital.

(2) The following constitute absolute risk factors:

(a) **ANTEPARTUM ABSOLUTE RISK CRITERIA**: active cancer; cardiac disease; severe renal disease — active or chronic; severe liver disease — active or chronic; uncontrolled hyperthyroidism; chronic obstructive pulmonary disease; essential chronic hypertension over 140/90; pre-eclampsia/eclampsia; acute or chronic thrombophlebitis; current substance abuse known to cause adverse effects; incomplete spontaneous abortion; hemoglobin under 9 at term; placental abruption; placenta previa at onset of labor; persistent severe abnormal quantity of amniotic fluid; blood coagulation defect; amnionitis; ectopic pregnancy; pregnancy lasting longer than 43 weeks gestation (21 days past the due date); pregnancy lasting longer than 42 weeks (14 days past the due date) with an abnormal non-stress test; any pregnancy with abnormal fetal surveillance tests; rupture of membranes for greater than 72 hours before the onset of labor with chorioamnionitis; secondary herpes that cannot be covered at the onset of labor; HIV positive status with AIDS; higher order multiples (3 or more).

(b) **INTRAPARTUM ABSOLUTE RISK CRITERIA**: documented IUGR at term; suspected uterine rupture; active herpes lesion in an unprotectable area; prolapsed cord or cord presentation; suspected complete or partial placental abruption; suspected placental previa; suspected chorioamnionitis; pre-eclampsia/eclampsia; thick meconium stained amniotic fluid without reassuring fetal heart tones and birth is not imminent; evidence of fetal distress or abnormal fetal heart rate pattern unresponsive to treatment or inability to auscultate fetal heart tones; excessive vomiting, dehydration, acidosis or exhaustion unresponsive to treatment; blood pressure greater than or equal to 150/100 which persists or rises, and birth is not imminent; maternal exhaustion; fetal distress; labor or PROM less than 35 weeks according to due date; current substance abuse.

(c) **MATERNAL POSTPARTUM ABSOLUTE RISK CRITERIA**: retained placenta with suspected placenta accreta; retained placenta with abnormal or significant bleeding; laceration requiring hospital repair; uncontrolled postpartum bleeding; increasingly painful or enlarging hematoma; development of pre-eclampsia; signs or symptoms of shock unresponsive to treatment.

(d) **INFANT ABSOLUTE RISK CRITERIA**: Apgar less than 7 at 10 minutes of age; respiration rate greater than 80 within the first

2 hours postpartum, and greater than 60 thereafter, accompanied by any of the following lasting more than one hour without improvement: nasal flaring, grunting, or retraction; cardiac irregularities, heart rate less than 80 or greater than 160 (at rest) without improvement, or any other abnormal or questionable cardiac findings; seizures; evidence of infectious process; apnea; central cyanosis; large or distended abdomen; any condition requiring more than 12 hours of observation postbirth; gestational age under 35 weeks; persistent poor suck, hypotonia or a weak or high pitched cry; persistent projectile vomiting or emesis of fresh blood; any infant with active AIDS; signs and symptoms of infection in the newborn.

(3) "Non-absolute" risk as defined in OAR 332-015-0000(36)(b). Clients who present one or more non-absolute risk factor are at increased obstetric or neonatal risk. When one or more non-absolute risk factor presents, the midwife must either arrange for the transport or transfer of care of the client(s) or comply with all of the following:

(a) Consult with at least one Oregon licensed health care provider as defined in OAR who has direct experience handling complications of the risk(s) present as well as the ability to confirm the non-absolute risk. Additional complicating factors identified by the consultant must be considered in order to determine if a home birth is indicated. The midwife must consult with the provider(s) regarding appropriate care related to the birth considering the following: the risks present, the risks anticipated, the midwife's experience, the birth setting, and the ease and time involved in obtaining emergency transport or transfer of care. The consultation(s) must be documented in the client records, including all recommendations given by the provider(s). The consultation(s) may be conducted in person or by direct telephone conversation depending on the clinical and geographical situation.

(b) Determine whether a home birth is a reasonably safe option based upon the risks present, the anticipated risks, the likelihood of reducing or eliminating said risks, the midwife's experience, the birth setting, the ease and time involved in obtaining emergency transport or transfer of care and the recommendation of the licensed health care provider(s) with whom the midwife consulted.

(c) Advise the client regarding the non-absolute risk(s), possible adverse outcomes, and the recommendation(s) given by the licensed health care provider(s) with whom the midwife consulted.

(d) Document the advice given to the client by the midwife and, if applicable, obtain the client's informed consent to proceed with an out-of-hospital birth. In addition, to the extent the midwife acts contrary to the recommendation(s) given by the licensed health care provider(s) with whom the midwife consulted, the midwife must document the reasons justifying acting contrary to the provider's recommendations and obtain informed client consent.

(4) The following are non-absolute risk factors:

(a) **MATERNAL ANTEPARTUM NON-ABSOLUTE RISK CRITERIA**: conditions requiring on-going medical supervision or on-going use of medications; significant glucose intolerance; inappropriate fetal size for gestation; significant 2nd or 3rd trimester bleeding; abnormal fetal cardiac rate or rhythm, or decrease of movement; uterine anomaly; anemia (hematocrit less than 30 or hemoglobin less than 10 at term; seizure disorder requiring prescriptive medication; platelet count less than 75,000; previous uterine incision other than low transverse cesarean and/or myomectomy with review of surgical records and/or subsequent birth history; isoimmunization to blood factors; psychiatric disorders; history of thrombophlebitis and hemoglobinopathies; twin gestation; malpresentation at term.

(b) **INTRAPARTUM NON-ABSOLUTE RISK CRITERIA**: no prenatal care or unavailable records; maternal exhaustion unresponsive to treatment; history of substance abuse during this pregnancy; or malpresentation unless birth is imminent; persistent unexplained fever > 101 degrees Fahrenheit (38 degrees Centigrade) taken orally; labor or PROM 35–36 weeks according to due date.

(c) **MATERNAL POSTPARTUM NON-ABSOLUTE RISK CRITERIA**: infectious process; any condition requiring more than 12 hours of postpartum observation; retained placenta greater than 3 hours.

(d) **INFANT NON-ABSOLUTE RISK CRITERIA**: Apgar less than 7 at 5 minutes without improvement; weight less than 2270 grams (5 lbs.); jitteriness; failure to void within 24 hours or stool within 48 hours from birth; maternal substance abuse identified intrapartum or postpartum; excessive pallor, ruddiness, or jaundice at birth; any generalized rash at birth; birth injury such as facial or brachial palsy, suspected fracture or severe bruising; baby with signs and symptoms of hypoglycemia; weight decrease in excess of 10% of birth weight; maternal-infant interaction problems; direct Coomb's positive cord blood; infant born to HIV positive mother; and major congenital anomaly; gestational age of 35–36 weeks; inability to maintain axillary temperature between 97–100 degrees Fahrenheit.

(5) In the event that the client refuses transport for herself or her infant upon the midwife's recommendation for absolute, non-absolute, or other risk factors, the midwife must:

(a) Document the midwife's discussion including potential adverse/fatal outcomes with the client that the out of hospital care is no longer appropriate, and document the client's refusal to transport, with client's signature in the chart; and

(b) If the situation is immediately life-threatening for the mother or infant or if, in the midwife's judgment it is warranted, activate the 911 emergency response system.

(6) Under no circumstances shall the midwife leave the client until such a time that transport is arranged and another care provider assumes care, or until the situation is satisfactorily resolved.

Stat. Auth.: ORS 676.605, 676.615, 687.480 & 687.485
Stats. Implemented: ORS 676.605, 676.615, 687.480 & 687.485
Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 2-1998, f. 4-14-98, cert. ef. 4-15-98; DEM 1-1999(Temp), f. 9-1-99, cert. ef. 9-9-99 thru 2-29-00; DEM 2-1999, f. 12-17-99, cert. ef. 12-20-99; DEM 2-2000(Temp), f. 8-22-00, cert. ef. 8-22-00 thru 2-17-00; DEM 2-2000(Temp), f. 8-22-00, cert. ef. 8-22-00 thru 2-17-01; DEM 3-2000, f. 9-29-00, cert. ef. 10-1-00; DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; Administrative correction 11-7-01; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04

332-025-0022
Standards of Care

Standards of care for the determination of initial visits, laboratory tests, prenatal visits, education/counseling/anticipatory guidance, emergency access, intrapartum care, postpartum care, and newborn care include:

(1) **INITIAL VISITS**: In the first prenatal visits, the following history shall be taken including but not be limited to: health, reproductive, family, social and current pregnancy. The primary care giver will evaluate nutritional status, height, weight and blood pressure, uterine size relative to gestational age, urinary analysis.

(2) **DIAGNOSTIC TESTS**: Pursuant to ORS 438.430, the Board authorizes licensed direct entry midwives to order and receive laboratory and ultrasound results. Licensed direct entry midwives shall recommend the following tests: CBC; minor blood factor antibody screen; STD and syphilis screening; Hepatitis B surface antigen; blood group and Rh type; rubella titer; ultrasound and Pap Smear if indicated.

(3) **PRENATAL VISITS**: The following schedule of prenatal visits is recommended: every four weeks for the first 32 weeks, every two to three weeks until 36 weeks, and weekly thereafter. Each visit must include the interval history and physical examination, including blood pressure, weight, fundal height, fetal presentation, fetal heart rate, evaluation of urine for protein and glucose with a dipstick, and the mother's assessment of fetal activity. The midwife shall assess the breasts for nursing. The midwife must continuously evaluate the pregnancy for risks taking into consideration information derived from physical examination, laboratory tests, maternal complaints, documented history, and the overall physical and emotional well being of the mother. The family must be kept informed of these risks. A home visit must be conducted before labor and include assessment of the birthing environment including telephone access.

(4) **ASSESSMENT OF FETAL WELL-BEING**: At 41 weeks, midwives shall conduct one of the following tests:

(a) Non-stress test or accelerated auscultation test every three to four days, with an amniotic fluid index at 42 weeks; or

(b) Biophysical profile weekly.

(5) **EDUCATION/COUNSELING/ANTICIPATORY GUIDANCE**: The midwife must offer information or referral to community resources on childbirth preparation, breast-feeding, exercise and nutrition, parenting, and care of the newborn. Using the informed consent process, birth attendants must inform pregnant women and their families about available obstetric and pediatric tests and procedures, multiple genetic marker screen, chorionic villi sampling, amniocentesis, prenatal Rho immune globulin, ultrasound, human immunodeficiency virus (HIV) counseling and testing, newborn metabolic screening, eye prophylaxis, herpes testing and treatment, neonatal vitamin K and circumcision. The midwife shall counsel the parents regarding the current Centers for Disease Control (CDC) protocol regarding Group B Strep testing, and document the client's informed consent.

(6) **ACCESS**: Each licensed direct entry midwife shall provide a mechanism that ensures twenty-four hour coverage for the practice.

(7) **INTRAPARTUM CARE**:

(a) Assessment during labor: The following parameters shall be included as part of the initial assessment of a laboring woman and her baby as indicated: maternal temperature, blood pressure, pulse, frequency, duration and intensity of uterine contractions, and the physical and emotional environment. Fetal well-being shall also be assessed which includes fetal lie, position, and presentation, fetal movement, heart rate before, during and after uterine contractions, fetal scalp color as appropriate, and if relevant, the color, odor and clarity of amniotic fluid. Appropriate assessment of mother and fetus should be ongoing during labor including regular assessment of fetal heart tones.

(b) Fetal heart tones shall be evaluated as soon as possible following rupture of membranes. For clients without signs of risk factors, during the active phase of the first stage of labor, the fetal heart rate shall be evaluated at least every 30–60 minutes. For those clients with risk factors, fetal heart tones shall be auscultated more frequently in active stage of labor. Fetal heart tones shall be auscultated approximately every 5 to 10 minutes or after every contraction as indicated with active pushing

(c) Premature rupture of membranes at term: When a client reports suspected rupture of membranes before the onset of labor at 37 weeks gestation or greater, timely evaluation must include obtaining a careful history, documentation of ruptured membranes, and evaluation for the presence of infection and/or fetal distress. Clients must be instructed in measures to prevent and identify infection. No vaginal examination shall be performed until the client is in active labor, unless cord prolapse is suspected.

(d) Physiologic care during labor: The primary care giver must make certain that the mother is receiving nourishing, easily digestible foods and adequate fluid throughout labor. The woman must be encouraged to urinate every one to two hours.

(8) **POSTPARTUM CARE**:

(a) Postpartum assessment and care: The maternal pulse, uterine fundus, and lochia must be checked within the first 15 minutes. The uterine fundus and lochia discharge shall be checked regularly for the first hour after birth and thereafter until the woman's condition is stable. The perineum and vagina shall be inspected for lacerations. If any required repair does not fall within the expertise of the primary care giver, arrangements must immediately be made for transfer or proper attendance. Before the primary care giver leaves or the family is discharged, the placenta must be delivered and the mother's general condition, blood pressure, pulse, temperature, fundus, lochia, and ability to ambulate and urinate must be assessed and found to be within normal limits. The primary care giver or other qualified persons must stay with the mother and infant until both are stable and secure and at least two hours have passed since the birth. The family must be instructed to make certain that someone is with the mother at all times during the first twenty-four hours and that she receives support and care for at least the first few days.

(b) Postpartum instructions: The family must be provided with instructions that include: self and baby care and hygiene, signs of infection and methods for prevention (mother and infant), signs of illness in the newborn, normal infant feeding patterns, uterine massage and normal parameters of lochial flow. Safety in the home and car, emotional needs, the changes in family dynamics, and the importance of rest, fluids, and good nutrition must be reviewed. Further follow-up must be arranged and instructions for the reporting of problems or deviation from normal will be given. Parents will be encouraged to contact the primary care giver with any questions or concerns.

(c) Laboratory studies/medications: Rubella vaccine must be discussed with non-immune women postpartum. A Rho Immune Globulin workup must be done for Rh negative women, including cord blood. Unsensitized Rh-negative women who have given birth to an Rh-positive infant must be given Rho immune globulin intramuscularly within 72 hours post-birth.

(d) Follow-up: Postpartum follow-up care must minimally include: visits during the first 24 to 36 hours following birth, at 3 to 4 days to assess mother and baby, and a visit or telephone consultation within 1 to 2 weeks post-birth. The primary care giver must continue to monitor appropriate vital signs, and physical and social parameters including adequacy of support systems and signs of infection. Information must be provided regarding lactation, postpartum exercise, and community resources available. Education may be provided on various family planning methods. Those midwives who are qualified to fit barrier methods of contraception may do so at the six-week check up.

(9) **NEWBORN CARE**:

(a) Newborn assessment and care: Newborn assessment must include the monitoring of temperature, pulse, and respirations each hour for the first two hours post-birth and thereafter until stable. A thorough physical examination must be done shortly after birth including assessment of length, weight, head circumference, fontanels, palate, heart, lungs, abdomen, genitalia, muscular and skeletal system, dislocated hips, back, buttocks, rectum, assessment of neurological status (including assessment for jitteriness or lethargy as well as the presence of normal newborn reflexes), and general appearance. A gestational age assessment must be done. The family must be informed of any deviation from normal. The primary care giver or another qualified person must stay with the family until a minimum of two hours post-birth have passed, all parameters of physical assessment are found to be within normal limits, and the infant has demonstrated normal suck and swallow reflexes.

(b) Laboratory studies/medications/birth registrations: Out-of-hospital care providers must adhere to state guidelines for the administration of vitamin K and ophthalmic prophylaxis. Infant metabolic screening shall be performed and/or documented according to the Department of Human Services, Health Services recommendations unless the parent declines, which requires obtaining a signed informed consent to be retained in the client's record. Additional laboratory studies may be warranted as determined by the infant's condition or pediatric consultation. All births must be registered with the Department of Human Services, Health Services, Vital Records Section.

(c) Prolonged rupture of membranes: If the birth has taken place more than twenty four hours after rupture of membranes, the baby must be closely observed for twenty-four hours for signs and symptoms of infection.

(d) Follow-up: It is recommended that follow-up care include: a visit within 24 to 36 hours following birth, at 3 to 4 days, visit or telephone consultation within 1 to 2 weeks post-birth, and a visit at 6 weeks of age to monitor appropriate vital signs, weight, length, head circumference, color, infant feeding, and sleep/wake and stool/void patterns. Information must be provided about infant safety and development issues, immunization, circumcision, and available community resources.

(10) In the event that the client refuses any testing or procedures required by administrative rule or recommended by the midwife, the midwife shall document client education and discussion with the client of why the test or procedure is required or recommended, and document the client's informed consent and refusal of the test or procedures, including client's signature in the chart.

Stat. Auth.: ORS 676.605, 676.615, 687.480 & 687.485

Stats. Implemented: ORS 676.605, 676.615, 687.480 & 687.485

Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 2-1998, f. 4-14-98, cert. ef. 4-15-98; DEM 1-1999(Temp), f. 9-1-99, cert. ef. 9-9-99 thru 2-29-00; DEM 2-1999, f. 12-17-99, cert. ef. 12-20-99; DEM 2-2000(Temp), f. 8-22-00, cert. ef. 8-22-00 thru 2-17-00; DEM 2-2000(Temp), f. 8-22-00, cert. ef. 8-22-00 thru 2-17-01; DEM 3-2000, f. 9-29-00, cert. ef. 10-1-00; DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; Administrative correction 11-7-01; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04

332-025-0030
Access to and Administration of Legend Drugs and Devices

Pursuant to ORS 687.493, a licensed direct entry midwife who satisfactorily completes the prescribed education outlined in OAR 332-015-0070 is authorized access to and administration of specific legend drugs and devices listed in OAR 332-025-0040, 332-025-0050, and 332-025-0060. The following requirements shall be adhered to:

(1) Licensed midwives shall comply with all local, state and federal laws and regulations regarding the administration, distribution, storage, transportation and disposal of approved legend drugs and devices listed in OAR 332-025-0040 through 332-025-0060.

(2) Approved legend drugs must be inventoried and securely stored by the midwife at all times the product is not in use, including samples or any remaining portion of a drug.

(3) Records regarding approved legend drugs and devices shall be maintained for a period of three years. Records shall be kept on the business premises and available for inspection upon request by the Health Licensing Office Enforcement Officers. Upon request by the Board or agency, a licensed midwife shall provide a copy of records. Records shall include, but not be limited, to the following:

(a) Name of drug, amount received, date of receipt, and drug expiration date;

(b) Name of drug and to who administered; date and amount of drug administered to client;

(c) Name of drug, date and place or means of disposal.

(4) Expired, deteriorated or unused legend drugs shall be disposed of in a manner that protects the licensee, client and others who may come into contact with the material during disposal.

Stat. Auth.: ORS 676.605, 676.615, 687.485 & 687.493
Stats. Implemented: ORS 676.605, 676.615, 687.485 & 687.493
Hist.: DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04

332-025-0040
Approved Legend Drugs For Maternal Use

Licensed Direct Entry Midwives may administer the following legend drugs as approved by the Board for maternal use:

(1) Anti-Hemorrhagics for use by intramuscular injection includes:

(a) Synthetic Oxytocin (Pitocin, Syntocin and generic);

(b) Methylergonovine (Methergine);

(c) Ergonovine (Ergotrate); or

(2) Anti-Hemorrhagics by intravenous infusion is limited to Synthetic Oxytocin (Pitocin, Syntocin, and generic).

(3) Anti-Hemorrhagics for oral administration is limited to:

(a) Methylergonovine (Methergine);

(b) Misoprostol (Cytotec).

(4) Anti-Hemorrhagics for rectal administration is limited to Misoprostol (Cytotec).

(5) Resuscitation is limited to medical oxygen and I.V. fluid replacement.

(6) Intravenous fluid replacement includes:

(a) Lactated Ringers Solution;

(b) 0.9% Saline Solution;

(c) D5LR (5% Dextrose in Lactated Ringers); or

(d) D5W (5% Dextrose in water).

(7) Anaphylactic treatment by subcutaneous injection is limited to Epinephrine.

(8) Local Anesthetic includes:

(a) Lidocaine HCl (1% and 2%) (Xylocaine and generic);

(b) Topical anesthetic;

(c) Procaine HCl (Novocain and and generic); and

(d) Sterile water papules.

(9) Rhesus Sensitivity Prophylaxis is limited to Rho(d) Immune Globulin (RhoGAM, Gamulin Rh, Bay Rho-D and others).

(10) Tissue adhesive (Dermabond or generic).

Stat. Auth.: ORS 676.605, 676.615, 687.485 & 687.493
Stats. Implemented: ORS 676.605, 676.615, 687.485 & 687.493
Hist.: DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04

332-025-0050
Approved Legend Drugs For Neonatal Use

Licensed Direct Entry Midwives may administer the following legend drugs as approved by the Board for neonatal use:

(1) Eye Prophylaxis for disease of the newborn is limited to Erythromycin Ophthalmic (0.5%) Ointment (Ilotycin, AK-Mycin and generics).

(2) Prophylaxis for hemorrhagic disease of the newborn for oral use is limited to Mephyton.

(3) Prophylaxis for hemorrhagic disease of the newborn for intramuscular injection includes:

(a) AquaMephyton; and

(b) Konakion.

(4) Resuscitation is limited to medical oxygen.

Stat. Auth.: ORS 676.605, 676.615, 687.485 & 687.493
Stats. Implemented: ORS 676.605, 676.615, 687.485 & 687.493
Hist.: DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04

332-025-0060
Approved Devices

Licensed Direct Entry Midwives may use or provide as appropriate the following devices as approved by the Board:

(1) Devices for injection of medications including:

(a) Needles; and

(b) Syringes.

(2) Devices for administration of intravenous fluids including:

(a) Drip sets; and

(b) Catheters.

(3) Devices for maternal and neonatal resuscitation including:

(a) Suction devices;

(b) Oxygen delivery devices; and

(c) Bag-Valve-Mask-Sets.

(4) Devices for rupturing the amniotic sac are limited to Amnihooks.

(5) Devices for repairing the perineal area including:

(a) Sutures; and

(b) Local anesthetic administration devices.

(6) Barrier methods of contraception.

Stat. Auth.: ORS 183, 487.485 & 687.493
Stats. Implemented: ORS 183, 687.485 & 687.493
Hist.: DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02

DIVISION 30

DISCIPLINE AND ENFORCEMENT

332-030-0000
Investigative Authority

The Health Licensing Office may initiate and conduct investigations of matters relating to the practice of direct entry midwifery, pursuant to ORS 676.608, and may take appropriate disciplinary action in accordance with the provisions of 676.612 and 687.445.

Stat. Auth.: ORS 676.608 & 687.445
Stats. Implemented: ORS 676.608 & 687.445
Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-2000(Temp), f. 7-14-00, cert. ef. 7-15-00 thru 12-1-00; DEM 4-2000, f. 9-29-00, cert. ef. 10-1-00; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04