

APA-1
11/96

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control _____ Department or Agency: Alabama State Board of Midwifery

Rule No.: 582-X-3

Rule Title: Practice of Licensed Midwifery

X New _____ Amend _____ Repeal _____ Adopt by Reference

Would the absence of the proposed rule significantly
Harm or endanger the public health, welfare, or safety? Yes

Is there a reasonable relationship between the state's
Police power and the protection of the public health,
Safety, or welfare? Yes

Is there another, less restrictive method of regulation
Available that could adequately protect the public? No

Does the proposed rule have the effect of directly or
Indirectly increasing the costs of any goods or services
Involved and, if so, to what degree? No

Is the increase in cost, if any, more harmful to the public
Than the harm that might result from the absence of
The proposed rule? No

Are all facets of the rulemaking process designed solely
For the purpose of, and so they have, as their primary
Effect, the protection of the public? Yes

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be
accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-
22-23, Code of Alabama, 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the
requirements of Chapter 22, Title 41, Code of Alabama, 1975, and that it conforms to all
applicable filing requirements of the Administrative Procedure Division of the Legislative
Reference Service.

Signature of certifying officer 

Date: March 21, 2018

(DATE FILED)
(STAMP)

APA-2
11/96

Alabama State Board of Midwifery

NOTICE OF INTENDED ACTION

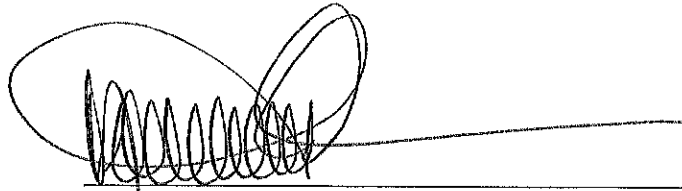
AGENCY NAME: Alabama State Board of Midwifery
RULE NO. & TITLE: 582-X-3 Practice of Licensed Midwifery
INTENDED ACTION: New

SUBSTANCE OF PROPOSED ACTION: The Board proposes to establish the guidelines for licensed midwifery care in the state.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written comments will be received by the Board until 4:00 p.m. on Thursday, May 3, 2018. Comments should be directed to Keith E. Warren, Acting Executive Director at 2777 Zelda Road, Montgomery, AL 36106 or via electronic mail at keith@alstateboard.com or via telephone at 334-269-9990.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:
Thursday, May 3, 2018

CONTACT PERSON AT AGENCY: Keith E. Warren
Acting Executive Director
2777 Zelda Road
Montgomery, AL 36106
(334) 269-9990

A handwritten signature in black ink, consisting of a large, stylized loop at the top and a series of smaller, repetitive loops below it, followed by a long horizontal line extending to the right.

Keith E. Warren, *Acting Executive Director*
Alabama State Board of Midwifery

Alabama Board of Midwifery
Administrative Code
Chapter 582-X-3
Practice of Licensed Midwifery

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582-X-3-.01 Purpose. To establish standards for licensed midwifery care in the state of Alabama.

Author: Alabama State Board of Midwifery

Statutory Authority: Code of Ala. 1975, §34-19-14, et seq.

History:

582-X-3-.02 Construction. These sections cover General standards for the practice of licensed midwifery in Alabama; Standards of professional conduct; Interprofessional care; Policies and protocols, Termination of the midwife-client relationship; Antepartum care; Intrapartum care; Postpartum care; Newborn care; Transfer of care in an emergency situation; Use of formulary drugs; and Provision of support services.

Author: Alabama State Board of Midwifery

Statutory Authority: Code of Ala. 1975, §34-19-14, et seq.

History:

582-X-3-.03 General standards for the practice of licensed midwifery in Alabama.

- (a) Licensed midwifery is the practice by a licensed midwife of giving the necessary supervision, care, and advice to a woman during normal pregnancy, labor and the postpartum period; conducting a normal delivery of a child; and providing normal newborn care.
- (b) Licensed midwifery care is provided by qualified practitioners. The licensed midwife:
- (1) is regulated by the Alabama Board of Midwifery; and
 - (2) is in compliance with the legal requirements of the State of Alabama while practicing in the state.
- (c) Licensed midwifery care supports individual rights and self-determination within the boundaries of safety. The licensed midwife shall:
- (1) provide clients with all required documents and forms in accordance with the Childbirth Freedom Act;
 - (2) provide clients with information about other providers and services when requested, or when the care required is not within the scope of practice of licensed midwifery, or as further limited by the practice guidelines of the individual licensed midwife; and
 - (3) practice in accordance with the knowledge, clinical skills, and judgments described in the Midwives Alliance of North America (MANA) Core Competencies for Basic Midwifery Practice, within the bounds of the midwifery scope of practice as defined by the Childbirth Freedom Act; the Alabama Midwifery Board Standards for the Practice of Licensed Midwifery in Alabama and; the practice guidelines of the individual midwifery practice.
- (d) The licensed midwife shall provide care in a safe and clean environment. The licensed midwife shall use universal precautions for infection control.
- (e) Licensed midwifery care is documented in legible, complete health records. The licensed midwife shall:
- (1) maintain records that completely and accurately document the client's care;

- (2) grant clients access to their records within 30 days of the date the request is received;
 - (3) provide a mechanism for sending a copy of the health record upon referral or transfer to other levels of care;
 - (4) maintain the confidentiality of client records;
and
 - (5) maintain records:
 - (A) for the mother, for a minimum of five years;
and
 - (B) for the infant, until the age of majority.
- (f) Licensed midwifery care includes documentation of a periodic process of evaluation and quality assurance of midwifery practice. The licensed midwife shall:
- (1) collect client care data systematically in accordance with the Childbirth Freedom Act and be involved in analysis of that data for the evaluation of the process and outcome of care;
 - (2) review problems identified by the licensed midwife or by other professionals or consumers in the community; and
 - (3) act to resolve problems that are identified.

Author: Alabama State Board of Midwifery

Statutory Authority: Code of Ala. 1975, §34-19-14, et seq.

History:

582-X-3-.04 Standards of professional conduct. If a licensed midwife or an applicant for licensure or renewal has engaged in unprofessional conduct, the Board may refuse to issue or renew the applicant's license and may discipline the licensee. Unprofessional conduct includes, without limitation, any of the following:

- (a) Disregarding a client's dignity or right to privacy as to her person, condition, possessions, or medical record;
- (b) Breaching any legal requirement of confidentiality with respect to a client unless ordered by a court of law;
- (c) Submitting a birth certificate known by the licensed midwife to be false or fraudulent, or willfully making or filing false or incomplete reports or records in the practice of midwifery;

- (d) Failing to provide information sufficient to allow a client to give informed consent to care;
- (e) Engaging in the practice of midwifery while impaired because of the use of alcohol or drugs;
- (f) Having a license suspended, revoked, or otherwise disciplined in this or any other state or jurisdiction;
- (g) Having been convicted of any felony, or of a lesser crime that reflects adversely on the person's fitness to be a licensed midwife. Such lesser crimes include but are not limited to any crime involving the delivery of healthcare services, dishonesty, misrepresentation, theft, or an attempt, conspiracy or solicitation of another to commit a felony or such lesser crimes.
- (h) Violating any standards of conduct set forth in these rules, whether or not specifically labeled as such, and including without limitation any scope and practice standards, record-keeping requirements, or notice requirements.

Author: Alabama State Board of Midwifery

Statutory Authority: Code of Ala. 1975, §34-19-14, et seq.

History:

582-X-3-.05 Interprofessional care. The following definitions regarding interprofessional care of women within a midwifery model of care apply to this chapter.

- (a) Recommendation for Physician Involvement. A recommendation for physician involvement refers to a situation in which the licensed midwife recommends to the client that the opinion or services of a physician competent in the relevant field may be helpful or necessary in her or her baby's course of care.

- (1) It is the licensed midwife's responsibility to provide all relevant medical records to the physician when requested.
- (2) Recommendation for physician involvement should be fully documented by the licensed midwife in the medical record.

(b) Transfer. Transfer is the process by which a licensed midwife relinquishes care of the client for pregnancy, labor, birth, postpartum, or care of the newborn to another

healthcare professional who has current obstetric or pediatric knowledge and is either a physician licensed in the United States; or working in association with a licensed physician.

- (1) If a client elects not to accept a transfer, the licensed midwife shall terminate the midwife-client relationship according to the corresponding section of this title (relating to Termination of the Midwife-Client Relationship).
- (2) If the transfer recommendation occurs during labor, delivery, or the immediate postpartum period, and the client refuses transfer; the licensed midwife shall call 911 and provide further care as indicated by the situation.
- (3) If the licensed midwife is unable to transfer to a healthcare professional, the client will be transferred to the nearest appropriate health care facility. The licensed midwife shall attempt to contact the facility and continue to provide care as indicated by the situation.
- (4) When care is transferred permanently or temporarily from the licensed midwife to a qualified hospital based provider, the receiving practitioner assumes full responsibility for subsequent decision making, together with the client.

Author: Alabama State Board of Midwifery

Statutory Authority: Code of Ala. 1975, §34-19-14

History:

582-X-3-.06 Termination of the midwife-client relationship. A licensed midwife shall terminate care of a client in accordance with this section unless a transfer of care results from an emergency situation.

- (a) Once a licensed midwife has formally accepted a client into care, the relationship is ongoing and the licensed midwife cannot refuse to continue to provide midwifery care to the client unless:
 - (1) the client has no need of further care;
 - (2) the client terminates the relationship; or
 - (3) the licensed midwife formally terminates the relationship.

(b) The licensed midwife may formally terminate care for any reason by:

- (1) providing a minimum of 30 days written notice, during which the licensed midwife shall continue to provide midwifery care, to enable the client to select another healthcare provider;
- (2) making an attempt to tell the client in person of the licensed midwife's wish to terminate care;
- (3) providing recommendations for appropriate referrals; and
- (4) documenting the termination of care in the client's medical record.

Author: Alabama State Board of Midwifery

Statutory Authority: Code of Ala., 1975, §34-19-14 et seq.

History:

582-X-3-.07 Transfer of care in an emergency situation. In an emergency situation, the licensed midwife shall initiate emergency care as indicated by the situation and facilitate transfer of care in accordance with the protocols of his or her practice. The licensed midwife shall make a reasonable effort to contact the health care professional or institution to whom the client will be transferred and to follow the healthcare professional's instructions; and continue emergency care as needed while:

- (a) transporting the client by private vehicle; or
- (b) calling 911 and reporting the need for immediate transfer.

Author: Alabama State Board of Midwifery

Statutory Authority: Code of Ala. 1975, §34-19-14, et seq.

History:

582-X-3-.08 Scope of Practice/Risk Assessment

01. Conditions for Which a Licensed Midwife May Not Perform Delivery. A licensed midwife may not deliver any of the following according to §34-19-14(c) (9), (d) (1-2), Code of Ala., 1975:

- a. Diagnosed multiple pregnancy
- b. Diagnosed non-cephalic at the onset of labor

c. Vaginal birth after cesarean

02. Conditions for which a Licensed Midwife May Not Provide Care:

1. Birth under thirty-seven and zero-sevenths (37 0/7) weeks and beyond forty-two and zero-sevenths (42 0/7) weeks' gestational age; or
2. A body mass index of forty (40.0) or higher at the time of conception;
3. Platelet sensitization, hematological or coagulation disorders;
4. HIV positive status; or
5. Opiate use that places the infant at risk of neonatal abstinence syndrome.

03. 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 here unless such disorders, diagnoses, conditions or symptoms are being treated, monitored or managed by a licensed healthcare provider. Before providing care to such a client, the licensed midwife must notify the client in writing that the client must obtain the described physician care as a condition to the client's eligibility to obtain maternity care from the licensed midwife. The licensed midwife must, additionally, obtain the client's signed acknowledgement that the client has received the written notice. The disorders, diagnoses, conditions, and symptoms are:

1. Type 1 or type 2 diabetes;
2. Thyroid disease;
3. Epilepsy;
4. Hypertension;
5. Cardiac disease;
6. Pulmonary disease;
7. Renal disease;
8. Previous major surgery of the pulmonary system, cardiovascular system, or urinary tract.
9. Hepatitis.

04. 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 following disorders, diagnoses, conditions or symptoms:

1. Maternal fever in labor of more than 100.4 degrees Fahrenheit, in the absence of environmental factors;
2. Suggestion of fetal jeopardy, such as frank bleeding before delivery, any abnormal bleeding (with or without abdominal pain), evidence of placental abruption, meconium with non-reassuring fetal heart tone patterns where birth is not imminent, or abnormal fetal heart tones with non-reassuring patterns where birth is not imminent;
3. Non-cephalic presentation at the onset of labor or rupture of membranes, whichever occurs first, unless imminent delivery is safer than transfer;
4. Current spontaneous premature labor;
5. Current preterm premature rupture of membranes;
6. Current preeclampsia;
7. Current hypertensive disease of pregnancy;
8. Grand mal seizure;
9. Coughing or vomiting of blood;
10. Severe chest pain; or
11. Sudden onset of shortness of breath and associated labored breathing.

b. Plan for Emergency Transfer and Transport. When facilitating a transfer, the licensed midwife must notify the hospital when the transfer is initiated, accompany the client to the hospital, if feasible, or communicate by telephone with the hospital if the licensed midwife is unable to be present personally. The licensed midwife must also ensure that the transfer of care is accompanied by the client's medical record, which must include:

1. The client's name, address, and next of kin contact information;
2. A list of diagnosed medical conditions;
3. A list of prescription or over the counter medications regularly taken;
4. A history of previous allergic reactions to medications; and

5. If feasible, the licensed midwife's assessment of the client's current medical condition and description of the care provided by the licensed midwife before transfer.

c. Transfer or Termination of Care. A midwife who deems it necessary to transfer or terminate care pursuant to the laws and rules of the Board or for any other reason shall transfer or terminate care and shall not be regarded as having abandoned care or wrongfully terminated services. Before nonemergent discontinuing of services,

1. the midwife shall notify the client in writing,
2. provide the client with names of licensed physicians and contact information for the nearest hospital emergency room and
3. offer to provide copies of medical records regardless of whether copying costs have been paid by the client.

Author: Alabama State Board of Midwifery

Statutory Authority: Code of Ala., 1975, §34-19-14, et seq.

History:

582-X-3-.09 NEWBORN TRANSFER OF CARE OR CONSULTATION.

01. Newborn Transfer of Care.

Conditions for which a licensed midwife must facilitate the immediate transfer of a newborn to a hospital for emergency care:

1. Respiratory distress;
2. Apgar score of six (6) or less at ten (10) minutes of age;
3. Abnormal bleeding;
4. Any condition requiring more than six (6) hours of continuous, immediate postpartum evaluation;
5. Seizure-like activity; or
6. Any bright green emesis.

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

1. Temperature instability, defined as a rectal temperature less than ninety-six point eight (96.8) degrees Fahrenheit or greater than one hundred point four (100.4) degrees Fahrenheit documented two (2) times more than thirty (30) minutes apart;
2. Murmur lasting more than twenty-four (24) hours immediately following birth;
3. Cardiac arrhythmia;
4. Congenital anomalies;
5. Birth injury;
6. Any jaundice in the first twenty-four (24) hours after birth or significant jaundice at any time;
7. No stool for more than twenty-four (24) hours immediately following birth;
8. No urine output for more than twenty-four (24) hours; or
9. Development of persistent poor feeding effort at any time.

Use of formulary drugs. A licensed midwife may use the drugs described in the following midwifery formulary according to the following indication for use:

- (a) Maternal/Fetal Distress or Neonatal Resuscitation:
 - (1) Oxygen
- (b) Group Beta Strep Prophylaxis:
 - (1) Penicillin G
 - (2) Ampicillin
 - (3) Cefazolin
 - (4) Clindamycin
 - (5) Vancomycin
- (c) To achieve maternal stabilization or reconstitution of antibiotic powder:
 - (1) Lactated Ringers
 - (2) 5% Dextrose in Lactated Ringers solution
 - (3) 0.9% Sodium Chloride
 - (4) Sterile Water
- (d) Treatment or post-exposure prevention of severe allergic reactions:
 - (1) Epinephrine HCl 1:1000 (EpiPen)
- (e) Postpartum hemorrhage only:
 - (1) Oxytocin (Pitocin)
 - (2) Methylergonovine (Methergine)
 - (3) Misoprostol (Cytotec)

- (f) Local anesthetic for postpartum repair of lacerations or episiotomy:
 - (1) Lidocaine HCl 1%
 - (2) Lidocaine HCl 2%
 - (3) Lidocaine gel
- (g) Vitamin K Deficiency Bleeding Prophylaxis:
 - (1) Vitamin K1 neonatal concentration
- (h) Neonatal Ophthalmia Prophylaxis:
 - (1) 0.5% Erythromycin Ophthalmic Ointment
- (i) Prevention of Rho(d) sensitization in Rho(d) negative women:
 - (1) Rho(d) Immune Globulin

Author: Alabama State Board of Midwifery

Statutory Authority: Code of Ala., 1975, §34-19-14, et seq.

History:

582-X-3-.10 Provision of support services. This provision applies to the Alabama Department of Public Health, a local health department, a public health district, or a local health unit which is owned, operated, or leased by a political subdivision of the state. The appropriate governmental entity is required to provide clinical and laboratory services to pregnant women and newborns who are clients of licensed midwives as long as the services are required of the midwives by the Childbirth Freedom Act. The procedure and requirements for the clinical and laboratory services are as follows.

- (1) The laboratory tests are those which are standard for prenatal, postpartum, and newborn care.
- (2) The clinical services include prenatal, postpartum, and newborn health services.

Author: Alabama State Board of Midwifery

Statutory Authority: Code of Ala. 1975, §34-19-14, et seq.

History: