State of California

Business, Consumer Services, and Housing Agency

MEDICAL BOARD OF CALIFORNIA

MIDWIFERY ADVISORY COUNCIL

Regulations Packet

BUSINESS AND PROFESSIONS CODE SECTION 2505-2521

2505. This article shall be known and may be cited as the Licensed Midwifery Practice Act of 1993.

2506. As used in this article the following definitions shall apply:

(a) "Board" means the Medical Board of California.

(b) "Licensed midwife" means an individual to whom a license to practice midwifery has been issued pursuant to this article.

(c) "Certified nurse-midwife" means a person to whom a certificate has been issued pursuant to Article 2.5 (commencing with Section 2746) of Chapter 6.

(d) "Accrediting organization" means an organization approved by the board.

2507. (a) The license to practice midwifery authorizes the holder to attend cases of normal pregnancy and childbirth, as defined in paragraph (1) of subdivision (b), and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn.

(b) As used in this article, the practice of midwifery constitutes the furthering or undertaking by any licensed midwife to assist a woman in childbirth as long as progress meets criteria accepted as normal.

(1) Except as provided in paragraph (2), a licensed midwife shall only assist a woman in normal pregnancy and childbirth, which is defined as meeting all of the following conditions:

(A) There is an absence of both of the following:

(i) Any preexisting maternal disease or condition likely to affect the pregnancy.

(ii) Significant disease arising from the pregnancy.

(B) There is a singleton fetus.

(C) There is a cephalic presentation.

(D) The gestational age of the fetus is greater than 37 0/7 weeks and less than 42 0/7 completed weeks of pregnancy.

(E) Labor is spontaneous or induced in an outpatient setting.

(2) If a potential midwife client meets the conditions specified in subparagraphs (B) to (E), inclusive, of paragraph (1), but fails to meet the conditions specified in subparagraph (A) of paragraph (1), and the woman still desires to be a client of the licensed midwife, the licensed midwife shall provide the woman with a referral for an examination by a physician and surgeon trained in obstetrics and gynecology. A licensed midwife may assist the woman in pregnancy and childbirth only if an examination by a physician and surgeon trained in obstetrics and gynecology is obtained and the physician and surgeon who examined the woman determines that the risk factors presented by her disease or condition are not likely to significantly affect the course of pregnancy and childbirth.

(3) The board shall adopt regulations pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section

11340) of Part of 1 of Division 3 of Title 2 of the Government Code) specifying the conditions described in subparagraph (A) of paragraph (1).

(c) (1) If at any point during a pregnancy, childbirth, or postpartum care a client's condition deviates from normal, the licensed midwife shall immediately refer or transfer the client to a physician and surgeon. The licensed midwife may consult and remain in consultation with the physician and surgeon after the referral or transfer.

(2) If a physician and surgeon determines that the client's condition or concern has been resolved such that the risk factors presented by a woman's disease or condition are not likely to significantly affect the course of pregnancy or childbirth, the licensed midwife may resume primary care of the client and resume assisting the client during her pregnancy, childbirth, or postpartum care.

(3) If a physician and surgeon determines the client's condition or concern has not been resolved as specified in paragraph (2), the licensed midwife may provide concurrent care with a physician and surgeon and, if authorized by the client, be present during the labor and childbirth, and resume postpartum care, if appropriate. A licensed midwife shall not resume primary care of the client.

(d) A licensed midwife shall not provide or continue to provide midwifery care to a woman with a risk factor that will significantly affect the course of pregnancy and childbirth, regardless of whether the woman has consented to this care or refused care by a physician or surgeon, except as provided in paragraph (3) of subdivision (c).

(e) The practice of midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version of these means.

(f) A midwife is authorized to directly obtain supplies and devices, obtain and administer drugs and diagnostic tests, order testing, and receive reports that are necessary to his or her practice of midwifery and consistent with his or her scope of practice.

(g) This article does not authorize a midwife to practice medicine or to perform surgery.

2508. (a) A licensed midwife shall disclose in oral and written form to a prospective client as part of a client care plan, and obtain informed consent for, all of the following:

(1) All of the provisions of Section 2507.

(2) The client is retaining a licensed midwife, not a certified nurse-midwife, and the licensed midwife is not supervised by a physician and surgeon.

(3) The licensed midwife's current licensure status and license number.

(4) The practice settings in which the licensed midwife practices.

(5) If the licensed midwife does not have liability coverage for the practice of midwifery, he or she shall disclose that fact. The licensed midwife shall disclose to the client that many physicians and surgeons do not have liability insurance coverage for services provided to someone having a planned out-of-hospital birth.

(6) The acknowledgment that if the client is advised to consult with a physician and surgeon, failure to do so may affect the client's legal rights in any professional negligence actions against a physician and surgeon, licensed health care professional, or hospital.

(7) There are conditions that are outside of the scope of practice

of a licensed midwife that will result in a referral for a consultation from, or transfer of care to, a physician and surgeon.

(8) The specific arrangements for the referral of complications to a physician and surgeon for consultation. The licensed midwife shall not be required to identify a specific physician and surgeon.

(9) The specific arrangements for the transfer of care during the prenatal period, hospital transfer during the intrapartum and postpartum periods, and access to appropriate emergency medical services for mother and baby if necessary, and recommendations for preregistration at a hospital that has obstetric emergency services and is most likely to receive the transfer.

(10) If, during the course of care, the client is informed that she has or may have a condition indicating the need for a mandatory transfer, the licensed midwife shall initiate the transfer.

(11) The availability of the text of laws regulating licensed midwifery practices and the procedure for reporting complaints to the Medical Board of California, which may be found on the Medical Board of California's Internet Web site.

(12) Consultation with a physician and surgeon does not alone create a physician-patient relationship or any other relationship with the physician and surgeon. The informed consent shall specifically state that the licensed midwife and the consulting physician and surgeon are not employees, partners, associates, agents, or principals of one another. The licensed midwife shall inform the patient that he or she is independently licensed and practicing midwifery and in that regard is solely responsible for the services he or she provides.

(b) The disclosure and consent shall be signed by both the licensed midwife and the client and a copy of the disclosure and consent shall be placed in the client's medical record.

(c) The Medical Board of California may prescribe the form for the written disclosure and informed consent statement required to be used by a licensed midwife under this section.

2509. The board shall create and appoint a Midwifery Advisory Council consisting of licensees of the board in good standing, who need not be members of the board, and members of the public who have an interest in midwifery practice, including, but not limited to, home births. At least one-half of the council members shall be California licensed midwives. The council shall make recommendations on matters specified by the board.

2510. If a client is transferred to a hospital, the licensed midwife shall provide records, including prenatal records, and speak with the receiving physician and surgeon about labor up to the point of the transfer. The hospital shall report each transfer of a planned out-of-hospital birth to the Medical Board of California and the California Maternal Quality Care Collaborative using a standardized form developed by the board.

2511. (a) No person, other than one who has been licensed to practice midwifery by the board, shall hold himself or herself out as a licensed midwife, or use any other term indicating or implying that he or she is a licensed midwife.

(b) Nothing in this article shall be construed to limit in any manner the practice of an individual to whom a certificate has been issued pursuant to Article 2.5 (commencing with Section 2746) of Chapter 6, or to prevent an individual to whom a certificate has been issued pursuant to Article 2.5 (commencing with Section 2746) of Chapter 6 from holding himself or herself out as a certified nurse-midwife, nurse midwife, midwife, or from using the initials "CNM."

2512. The board shall issue a license to practice midwifery to all applicants who meet the requirements of this article and who pay the fee required by Section 2520.

2512.5. A person is qualified for a license to practice midwifery when he or she satisfies one of the following requirements:

(a) (1) Successful completion of a three-year postsecondary midwifery education program accredited by an accrediting organization approved by the board. Upon successful completion of the education requirements of this article, the applicant shall successfully complete a comprehensive licensing examination adopted by the board which is equivalent, but not identical, to the examination given by the American College of Nurse Midwives. The examination for licensure as a midwife may be conducted by the Division of Licensing under a uniform examination system, and the division may contract with organizations to administer the examination in order to carry out this purpose. The Division of Licensing may, in its discretion, designate additional written examinations for midwifery licensure that the division determines are equivalent to the examination given by the American College of Nurse Midwives.

(2) The midwifery education program curriculum shall consist of not less than 84 semester units or 126 quarter units. The course of instruction shall be presented in semester or quarter units under the following formula:

(A) One hour of instruction in the theory each week throughout a semester or quarter equals one unit.

(B) Three hours of clinical practice each week throughout a semester or quarter equals one unit.

(3) The midwifery education program shall provide both academic and clinical preparation equivalent, but not identical to that provided in programs accredited by the American College of Nurse Midwives, which shall include, but not be limited to, preparation in all of the following areas:

(A) The art and science of midwifery, one-half of which shall be in theory and one-half of which shall be in clinical practice. Theory and clinical practice shall be concurrent in the areas of maternal and child health, including, but not limited to, labor and delivery, neonatal well care, and postpartum care.

(B) Communications skills that include the principles of oral, written, and group communications.

(C) Anatomy and physiology, genetics, obstetrics and gynecology, embryology and fetal development, neonatology, applied microbiology, chemistry, child growth and development, pharmacology, nutrition, laboratory diagnostic tests and procedures, and physical assessment.

(D) Concepts in psychosocial, emotional, and cultural aspects of maternal and child care, human sexuality, counseling and teaching, maternal and infant and family bonding process, breast feeding, family planning, principles of preventive health, and community

health.

(E) Aspects of the normal pregnancy, labor and delivery, postpartum period, newborn care, family planning or routine gynecological care in alternative birth centers, homes, and hospitals.

(F) The following shall be integrated throughout the entire curriculum:

(i) Midwifery process.

(ii) Basic intervention skills in preventive, remedial, and supportive midwifery.

(iii) The knowledge and skills required to develop collegial relationships with health care providers from other disciplines.

(iv) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior related to maternal and child health, illness, and wellness.

(G) Instruction shall also be given in personal hygiene, client abuse, cultural diversity, and the legal, social, and ethical aspects of midwifery.

(H) The program shall include the midwifery management process, which shall include all of the following:

(i) Obtaining or updating a defined and relevant data base for assessment of the health status of the client.

(ii) Identifying problems based upon correct interpretation of the data base.

(iii) Preparing a defined needs or problem list, or both, with corroboration from the client.

(iv) Consulting, collaborating with, and referring to, appropriate members of the health care team.

(v) Providing information to enable clients to make appropriate decisions and to assume appropriate responsibility for their own health.

(vi) Assuming direct responsibility for the development of comprehensive, supportive care for the client and with the client.

(vii) Assuming direct responsibility for implementing the plan of care.

(viii) Initiating appropriate measures for obstetrical and neonatal emergencies.

(ix) Evaluating, with corroboration from the client, the achievement of health care goals and modifying the plan of care appropriately.

(b) Successful completion of an educational program that the board has determined satisfies the criteria of subdivision (a) and current licensure as a midwife by a state with licensing standards that have been found by the board to be equivalent to those adopted by the board pursuant to this article.

2513. (a) An approved midwifery education program shall offer the opportunity for students to obtain credit by examination for previous midwifery education and clinical experience. The applicant shall demonstrate, by practical examination, the clinical competencies described in Section 2514 or established by regulation pursuant to Section 2514.5. The midwifery education program's credit by examination policy shall be approved by the board, and shall be available to applicants upon request. The proficiency and practical examinations shall be approved by the board. Beginning January 1, 2015, new licensees shall not substitute clinical experience for formal didactic education.

(b) Completion of clinical experiences shall be verified by a

licensed midwife or certified nurse-midwife, and a physician and surgeon, all of whom shall be current in the knowledge and practice of obstetrics and midwifery. Physicians and surgeons, licensed midwives, and certified nurse-midwives who participate in the verification and evaluation of an applicant's clinical experiences shall show evidence of current practice. The method used to verify clinical experiences shall be approved by the board.

(c) Upon successful completion of the requirements of paragraphs (1) and (2), the applicant shall also complete the licensing examination described in paragraph (1) of subdivision (a) of Section 2512.5.

2514. (a) Nothing in this chapter shall be construed to prevent a bona fide student from engaging in the practice of midwifery in this state, as part of his or her course of study, if both of the following conditions are met:

(1) The student is under the supervision of a licensed midwife or certified nurse-midwife, who holds a clear and unrestricted license in this state, who is present on the premises at all times client services are provided, and who is practicing pursuant to Section 2507 or 2746.5, or a physician and surgeon.

(2) The client is informed of the student's status.

(b) For the purposes of this section, a "bona fide student" means an individual who is enrolled and participating in a midwifery education program or who is enrolled in a program of supervised clinical training as part of the instruction of a three year postsecondary midwifery education program approved by the board.

2514.5. (a) Within 60 days following January 1, 1998, the board shall adopt regulations setting forth educational requirements. To develop these regulations, the board shall update the educational requirements set forth in Sections 2512.5, 2513, and 2514. These updated sections shall reflect national standards for the practice of midwifery and shall be subject to public hearings prior to adoption. The board shall review and update the regulations every two years.

(b) The board shall adopt the written examination required by this article by July 1, 1994.

2515. The board shall approve specific educational programs intended to meet the requirements of subdivision (a) of Section 2512.5 and Section 2514 for the course of academic study, documentation of experience and skill, and clinical evaluation. These programs shall also be accredited by an accrediting organization approved by the board.

2515.5. Each applicant shall show by evidence satisfactory to the board that he or she has met the educational standards established by the board pursuant to this article or the equivalent thereof.

2516. (a) Each licensed midwife who assists, or supervises a student midwife in assisting, in childbirth that occurs in an

out-of-hospital setting shall annually report to the Office of Statewide Health Planning and Development. The report shall be submitted no later than March 30, for the prior calendar year, in a form specified by the board and shall contain all of the following:

(1) The midwife's name and license number.

(2) The calendar year being reported.

(3) The following information with regard to cases in California in which the midwife, or the student midwife supervised by the midwife, assisted during the previous year when the intended place of birth at the onset of care was an out-of-hospital setting:

(A) The total number of clients served as primary caregiver at the onset of care.

(B) The number by county of live births attended as primary caregiver.

(C) The number, by county, of cases of fetal demise, infant deaths, and maternal deaths attended as primary caregiver at the discovery of the demise or death.

(D) The number of women whose primary care was transferred to another health care practitioner during the antepartum period, and the reason for each transfer.

(E) The number, reason, and outcome for each elective hospital transfer during the intrapartum or postpartum period.

(F) The number, reason, and outcome for each urgent or emergency transport of an expectant mother in the antepartum period.

(G) The number, reason, and outcome for each urgent or emergency transport of an infant or mother during the intrapartum or immediate postpartum period.

(H) The number of planned out-of-hospital births at the onset of labor and the number of births completed in an out-of-hospital setting.

(I) The number of planned out-of-hospital births completed in an out-of-hospital setting that were any of the following:

(i) Twin births.

(ii) Multiple births other than twin births.

(iii) Breech births.

(iv) Vaginal births after the performance of a cesarean section.

(J) A brief description of any complications resulting in the morbidity or mortality of a mother or a neonate.

(K) Any other information prescribed by the board in regulations.

(b) The Office of Statewide Health Planning and Development shall maintain the confidentiality of the information submitted pursuant to this section, and shall not permit any law enforcement or regulatory agency to inspect or have copies made of the contents of any reports submitted pursuant to subdivision (a) for any purpose, including, but not limited to, investigations for licensing, certification, or regulatory purposes.

(c) The office shall report to the board, by April 30, those licensees who have met the requirements of subdivision (a) for that year.

(d) The board shall send a written notice of noncompliance to each licensee who fails to meet the reporting requirement of subdivision (a). Failure to comply with subdivision (a) will result in the midwife being unable to renew his or her license without first submitting the requisite data to the Office of Statewide Health Planning and Development for the year for which that data was missing or incomplete. The board shall not take any other action against the licensee for failure to comply with subdivision (a).

(e) The board, in consultation with the office and the Midwifery Advisory Council, shall devise a coding system related to data elements that require coding in order to assist in both effective

reporting and the aggregation of data pursuant to subdivision (f). The office shall utilize this coding system in its processing of information collected for purposes of subdivision (f).

(f) The office shall report the aggregate information collected pursuant to this section to the board by July 30 of each year. The board shall include this information in its annual report to the Legislature.

(g) The board, with input from the Midwifery Advisory Council, may adjust the data elements required to be reported to better coordinate with other reporting systems, including the reporting system of the Midwives Alliance of North America (MANA), while maintaining the data elements unique to California. To better capture data needed for the report required by this section, the concurrent use of systems, including MANA's, by licensed midwives is encouraged.

(h) Notwithstanding any other law, a violation of this section shall not be a crime.

2517. A person who has been convicted of a misdemeanor violation of Section 2052, prior to the effective date of this article, shall not be barred from licensure under this article solely because of that conviction.

2518. (a) Licenses issued pursuant to this article shall be renewable every two years upon payment of the fee prescribed by Section 2520 and submission of documentation that the licenseholder has completed 36 hours of continuing education in areas that fall within the scope of the practice of midwifery, as specified by the board.

(b) Each license not renewed shall expire, but may be reinstated within five years from the expiration upon payment of the prescribed fee and upon submission of proof of the applicant's qualifications as the board may require.

(c) A licensee is exempt from the payment of the renewal fee required by Section 2520 and the requirement for continuing education if the licensee has applied to the board for, and been issued, a retired status license. The holder of a retired status license may not engage in the practice of midwifery.

2519. The board may suspend or revoke the license of a midwife for any of the following:

(a) Unprofessional conduct, which includes, but is not limited to, all of the following:

(1) Incompetence or gross negligence in carrying out the usual functions of a licensed midwife.

(2) Conviction of a violation of Section 2052, in which event, the record of the conviction shall be conclusive evidence thereof.

(3) The use of advertising that is fraudulent or misleading.

(4) Obtaining or possessing in violation of law, or prescribing, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administering to himself or herself, or furnishing or administering to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug as defined in Article 8 (commencing with Section 4210) of Chapter 9 of Division 2 of the Business and Professions Code.

(5) The use of any controlled substance as defined in Division 10

(commencing with Section 11000) of the Health and Safety Code, or any dangerous drug as defined in Article 8 (commencing with Section 4210) of Chapter 9 of Division 2 of the Business and Professions Code, or alcoholic beverages, to an extent or in a manner dangerous or injurious to himself or herself, any other person, or the public or to the extent that such use impairs his or her ability to conduct with safety to the public the practice authorized by his or her license.

(6) Conviction of a criminal offense involving the prescription, consumption, or self-administration of any of the substances described in paragraphs (4) and (5), or the possession of, or falsification of, a record pertaining to, the substances described in paragraph (4), in which event the record of the conviction is conclusive evidence thereof.

(7) Commitment or confinement by a court of competent jurisdiction for intemperate use of or addiction to the use of any of the substances described in paragraphs (4) and (5), in which event the court order of commitment or confinement is prima facie evidence of such commitment or confinement.

(8) Falsifying, or making grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a).

(b) Procuring a license by fraud or misrepresentation.

(c) Conviction of a crime substantially related to the qualifications, functions, and duties of a midwife, as determined by the board.

(d) Procuring, aiding, abetting, attempting, agreeing to procure, offering to procure, or assisting at, a criminal abortion.

(e) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision or term of this chapter.

(f) Making or giving any false statement or information in connection with the application for issuance of a license.

(g) Impersonating any applicant or acting as proxy for an applicant in any examination required under this chapter for the issuance of a license or a certificate.

(h) Impersonating another licensed practitioner, or permitting or allowing another person to use his or her license or certificate for the purpose of providing midwifery services.

(i) Aiding or assisting, or agreeing to aid or assist any person or persons, whether a licensed physician or not, in the performance of or arranging for a violation of any of the provisions of Article 12 (commencing with Section 2221) of Chapter 5.

(j) Failing to do any of the following when required pursuant to Section 2507:

(1) Consult with a physician and surgeon.

(2) Refer a client to a physician and surgeon.

(3) Transfer a client to a hospital.

2520. (a) (1) The fee to be paid upon the filing of a license application shall be fixed by the board at not less than seventy-five dollars ($75) nor more than three hundred dollars ($300).

(2) The fee for renewal of the midwife license shall be fixed by the board at not less than fifty dollars ($50) nor more than two hundred dollars ($200).

(3) The delinquency fee for renewal of the midwife license shall be 50 percent of the renewal fee in effect on the date of the renewal of the license, but not less than twenty-five dollars ($25) nor more

than fifty dollars ($50).

(4) The fee for the examination shall be the cost of administering the examination to the applicant, as determined by the organization that has entered into a contract with the Division of Licensing for the purposes set forth in subdivision (a) of Section 2512.5. Notwithstanding subdivision (b), that fee may be collected and retained by that organization.

(b) The fees prescribed by this article shall be deposited in the Licensed Midwifery Fund, which is hereby established, and shall be available, upon appropriation, to the board for the purposes of this article.

2521. Any person who violates this article is guilty of a misdemeanor.

California Code of Regulations
Title 16 Medical Board of California

Chapter 4. Licensed Midwives

Article 1. General Provisions

§ 1379.1. Location of Office.

The Midwifery Licensing Program is located at 1426 Howe Avenue, Sacramento, CA 95825.
(note: updated address is: 2005 Evergreen Street, Suite 1200, Sacramento CA 95815)

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2505 through 2521, Business and Professions Code.

HISTORY
1. New chapter 4, article 1 and section filed 4-26-95; operative 5-26-95 (Register 95, No. 17).

§ 1379.2. Definitions.

For the purposes of the regulations contained in this chapter and for purposes of Article 24 of Chapter 5 of Division 2 (commencing with section 25(5) of the code:

(a) "Accrediting organization approved by the board." as used in section2515 of the code, means either an accrediting organization that is recognized by the United States Department of Education, Division of Accreditation or an accrediting organization that is equivalent thereto.

(b) "Board" means the Division of Licensing of the Medical Board of California.

(c) "Code" means the Business and Professions Code.

(d) "Midwifery education program" includes but is not limited to nurse midwifery education programs.

NOTE: Authority cited: Section 2514.5, Business and Professions Code. Reference:
Sections 2505 through 2521, Business and Professions Code.

HISTORY
1. New section filed 4-26-95; operative 5-26-95 (Register 95, No. 17).
2. Amendment of first paragraph, new subsection (a), subsection relettering, and amendment of NOTE filed 7-23-98; operative 8-22-98 (Register 98, No. 30).

§ 1379.3. Delegation of Functions.

Except for those powers reserved exclusively to the "agency itself" under the Administrative Procedure Act (Section 11500 et seq. of the Government Code), the board delegates and confers upon the executive director of the board, or his/her designee, all functions necessary to the dispatch of business of the board in connection with investigative and administrative proceedings under the jurisdiction of the board.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2505 through 2521, Business and Professions Code.

HISTORY
1. New section filed 4-26-95; operative 5-26-95 (Register 95, No. 17).

Article 2. Fees

§ 1379.5. Midwifery Fees.

The licensed midwifery fees are fixed as follows

(a) The license application fee shall be $300.00

(b) The biennial renewal fee shall be $200.00.

(c) The delinquency fee shall be $50.00.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2520 through 2521, Business and Professions Code.

HISTORY
1. New article 2 and section filed 4-25-95; operative 5-25-95 (Register 95, No. 17).
2. Change without regulatory effect amending section number filed 9-14-95 pursuant to section 100, title 1, California Code of Regulations (Register 95, No. 37).

Article 3. *Application*

§ 1379.10. Application for Licensure as a Midwife.

An application for licensure as a midwife shall be filed with the board at its principal office on the prescribed application form (Application for Midwife License - 62A-1 (Revised 5-2000) which is incorporated by reference. The application shall be accompanied by such evidence, statements or documents as therein required and filed with the fee required by section 1379.5.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2512, 2517 and 2520, Business and Professions Code.

HISTORY
1. New article 3 and section filed 6-30-95; operative 7-30-95 (Register 95, No. 26).
2. Amendment filed 11-6-2000; operative 12-6-2000 (Register 2000, No. 45).

§ 1379.11. Review of Applications; Processing Time.

(1) The board shall inform an applicant for licensure as a midwife in writing within 30 days of receipt of an application as to whether the application is complete and accepted for filing or is deficient and what specific information is required.

(2) The board shall inform an applicant for licensure as a midwife in writing within 30 days after notification that an application has been accepted for filing as to whether the applicant meets the requirements for licensure.

NOTE: Authority cited: Section 2018, Business and Professions Code; and Section
15376, Government Code. Reference: Section 2512, Business and Professions Code; and Section 15376 et seq., Government Code.

HISTORY
1. New section filed 10-5-95; operative 11-4-95 (Register 95, No. 40).

§ 1379.15. Verification of Minimum Clinical Experiences Required.

(a) A person may obtain educational credit by examination for previous midwifery education and clinical experience. An applicant for licensure on or before December 31, 1997, who would rely upon such education and experience as his/her sole qualifications for taking the comprehensive licensing exam pursuant to sections 2512.5 and 2513 of the code shall have obtained all of the experiences described in subsection(c) within ten years immediately preceding the date of application.

(b) A person who applies for licensure as a midwife on or after January 1, 1998, who would rely upon credit by examination for previous education and experience as his/her sole qualifications for taking the comprehensive licensing exam pursuant to sections 2512.5 and 2513 of the code shall have obtained at least 50 percent of the experiences described in subsection (c) within five years immediately preceding the date of application.

(c) For purposes of satisfying section 2513(b) of the code, an approved midwifery education program shall verify the following minimum number of clinical experiences.

(1) 20 new antepartum visits clinical experiences
(2) 75 return antepartum visits
(3) 20 labor management experiences
(4) 20 deliveries
(5) 40 postpartum visits, within the first five days after birth
(6) 20 newborn assessments
(7) 40 postpartum/family planning/gynecology visits

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2513, Business and Professions Code.

HISTORY
1. New section filed 5-22-96; operative 6-21-96 (Register 96, No. 21).

California Code of Regulations
Title 16 Medical Board of California

Chapter 4. Licensed Midwives

Article 3.5. Midwifery Practice

§ 1379.19. Standards of Care for Midwives.

(a) For purposes of Section 2507(f) of the code, the appropriate standard of care for licensed midwives is that contained in the "Standard of Care for California Licensed Midwives" (September 15, 2005 edition) ("SCCLM"), which is hereby incorporated by reference.

(b) With respect to the care of a client who has previously had a caesarean section ("C-section") but who meets the criteria set forth in the SCCLM, the licensed midwife shall provide the client with written informed consent (and document that written consent in the client's midwifery record) that includes but is not limited to all of the following:

(1) The current statement by the American College of Obstetricians and Gynecologists regarding its recommendations for vaginal birth after caesarean section ("VBAC").

(2) A description of the licensed midwife's level of clinical experience and history with VBACs and any advanced training or education in the clinical management of VBACs.

(3) A list of educational materials provided to the client.

(4) The client's agreement *to:* provide a copy of the dictated operative report regarding the prior C-section; permit increased monitoring; and, upon request of the midwife, transfer to a hospital at any time or if labor does not unfold in a normal manner.

(5) A detailed description of the material risks and benefits of VBAC and elective repeat C-section.

NOTE: Authority cited: Sections 2018 and 2507, Business and Professions Code. Reference: Section 2507, Business and Professions Code.

HISTORY
1. New article 3.5 heading and new section filed 2-7-2006; operative 3-9-2006 (Register 2006, No.6).

§ 1379.20. Liability Insurance Disclosure.

A midwife who does not have liability insurance coverage for the practice of midwifery shall disclose that fact to the client on the first visit or examination, whichever comes first.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2506, Business and Professions Code.

HISTORY
1. New section filed 5-17-96; operative 6-16-96 (Register 96, No. 20).
2. Change without regulatory effect amending section filed 1-24-2005 pursuant to section 100, title 1, California Code of Regulations (Register 2005, No.4).

§ 1379.22. Physician Requirements.

A physician described in Section 2508 of the code shall have hospital privileges in obstetrics and shall be located in reasonable geographic and/or temporal proximity to the patient whose care the physician will assume should complications arise.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2508, Business and Professions Code.

HISTORY
1. New section filed 11-28-95; operative 12-28-95 (Register 95, No. 48).

Article 4. Continuing Education

§ 1379.25. Definitions.

For purposes of this article:

(a) "Continuing education" means the variety of forms of learning experience undertaken by licensed midwives for relicensure which are meant to directly enhance the licentiate's knowledge, skill or competence in the provision of midwifery services.

(b) "Continuing education hour" means at least fifty (50) minutes of participation in an organized learning experience. One academic quarter unit is equal to ten (10) continuing education hours. One academic semester unit is equal to fifteen (15) continuing education hours.

(c) "Course" means a systematic learning experience, at least one hour in length, which deals with and is designed for the acquisition of knowledge, skills, and information related to the practice of midwifery.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2518, Business and Professions Code.

HISTORY
1. New article 4 (sections 1379.25-1379.28) and section filed 7-8-97; operative 8-7-97 (Register 97, No. 28).

§ 1379.26. Approved Continuing Education Programs.

(a) The following programs are approved by the division for continuing education credit:

(1) Programs offered by the American College of Nurse Midwives;

(2) Programs offered by the Midwives Alliance of North America;

(3) Programs offered by a midwifery school approved by the division;

(4) Programs offered by a state college or university or by a private postsecondary institution accredited by the Western Association of Schools and Colleges;

(5) Programs offered by a midwifery school accredited by the Midwives Education Accreditation Council;

(6) Programs which qualify for Category I credit from the California Medical Association or the American Medical Association;

(7) Programs offered by the Public Health Service;

(8) Programs offered by the California Association of Midwives;

(9) Programs offered by the American College of Obstetricians and Gynecologists; and

(10) Courses offered by a provider approved by the California Board of Registered Nursing or the board of registered nursing of another state in the United States.

(b) Only those courses and other education activities that meet the requirements of Section 1379.27 which are offered by these organizations shall be acceptable for credit under this section.

(c) A maximum of one third of the required hours of continuing education may be satisfied by teaching or otherwise presenting a course or program approved under this section.

(d) Tape-recorded courses and correspondence courses offered by an approved provider shall be accepted for no more than half of the total required hours.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2518, Business and Professions Code.

HISTORY
1. New section filed 7-8-97; operative 8-7-97 (Register 97, No. 28).
2. Amendment of subsection (a)(9) and new subsection (a)(10) filed 10-25-2004; operative 11-24-2004 (Register 2004, No. 44).

§ 1379.27. Criteria for Acceptability of Courses.

(a) Those courses and programs referred to in section 1379.26 above shall meet the following criteria in order to be acceptable to the division:

(1) Faculty-the course or program instructor shall: (A) be currently licensed or certified in his/her area of expertise, if appropriate, and (B) show evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area. The curriculum vitae of all faculty members shall be kept on file.

(2) Rationale-The need for the course and how the need was determined shall be clearly stated and maintained on file.

(3) Course content-The content of the course or program shall be directly related to midwifery, patient care, community health or public health, preventive medicine, professional ethics, the Medical Practice Act, the Licensed Midwifery Practice Act, or improvement of the midwife-client relationship.

(4) Educational objectives-Each course or program shall clearly state educational objectives that can be realistically accomplished within the framework of the course.

(5) Method of instruction-Teaching methods for each course or program shall be described, e.g. lecture, seminar, audio-visual, simulation.

(6) Evaluation-Each course or program shall include an evaluation method which documents that the educational objectives have been met-for example, written examination or written evaluation by each participant.

(7) Attendance-A course provider shall maintain a record of attendance of each participant.

(b) The division will not give prior approval to individual courses or programs; however, the division will randomly audit courses or programs submitted for credit in addition to any course or program for which a complaint is received. If an audit is made, course providers will be asked to submit to the division documentation concerning each of the items described in subsection (a) above.

(c) Credit toward the required hours of continuing education will not be accepted for any course deemed unacceptable by the division after an audit has been made pursuant to this section.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2518, Business and Professions Code.

HISTORY
1. New section filed 7-8-97; operative 8-7-97 (Register 97, No. 28).

§ 1379.28. Audit and Sanctions for Noncompliance.

(a) The division shall audit once every two years a random sample of midwives who have reported compliance with the continuing education requirement. No midwife shall be subject to random audit more than once every four (4) years. Those midwives selected for audit shall be required to document their compliance with the continuing education requirements of Section 2518 of the code and this article.

(b) Any midwife who is found not to have completed the required number of hours of approved continuing education will be required to make up any deficiency during the next biennial renewal period. Such midwife shall document to the division the completion of any deficient hours identified by audit. Any midwife who fails to make up the deficient hours during the following renewal period shall be ineligible for renewal of his/her license to practice midwifery until such time as the deficient hours of continuing education are documented to the division.

(c) It shall constitute unprofessional conduct for any midwife to misrepresent his/her compliance with the provisions of this article.

(d) The division requires that each midwife retain for a minimum of four years records of all continuing education programs attended, including the title of the course or program attended, the length of the course or program, the number of continuing education hours, the sponsoring organization and the accrediting organization, if any, which may be needed in the event of an audit by the division.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2518 and 2519, Business and Professions Code.

HISTORY
1. New section filed 7-8-97; operative 8-7-97 (Register 97, No. 28).

Article 5. Educational Requirements

§ 1379.30. Midwifery Education Program.

The midwifery education program shall prepare the midwife to practice as follows:

(a) Management of the normal pregnancy.

(b) Management of normal labor and delivery in all birth settings, including the following, when indicated:

(1) Administration of intravenous fluids, analgesics, postpartum oxytocics, and RhoGAM.

(2) Amniotomy during labor.

(3) Application of external or internal monitoring devices.

(4) Administration of local anesthesia, paracervical blocks, pudendal blocks, and local infiltration.

(5) Episiotomy.

(6) Repair of episiotomies and lacerations.

(7) Resuscitation of the newborn.

(c) Management of the normal postpartum period.

(d) Management of the normal newborn care, including administration of vitamin K and eye prophylaxis.

(e) Management of family planning and routine gynecological care including barrier methods of contraception such as diaphragms and cervical caps.

NOTE: Authority cited: Section 2514.5, Business and Professions Code. Reference: Sections 2512.5 and 2514.5, Business and Professions Code.

HISTORY
1. New article 5 (sections 1379.30-1379.31) and section filed 7-23-98; operative 8-22-98 (Register 98, No. 30).

§ 1379.31. Evidence of Completion of Educational Requirements.

For purposes of Section 2515.5 of the code, either of the following shall be deemed satisfactory evidence that an applicant has met the educational standards required for licensure as a midwife:

(a) A diploma issued by a midwifery program approved by the division; or

(b) A notice of successful completion of the challenge program (credit by examination) issued by a program approved by the division.

NOTE: Authority cited: Section 2514.5, Business and Professions Code. Reference: Section 2515.5, Business and Professions Code.

HISTORY
1. New section filed 7-23-98; operative 8-22-98 (Register 98, No. 30).

MEDICAL BOARD OF CALIFORNIA

PRACTICE GUIDELINES FOR CALIFORNIA LICENSED MIDWIVES

May 2014

The California licensed midwife is a professional health care practitioner who offers primary care to healthy women and their normal unborn and newborn babies throughout normal pregnancy, labor, birth, postpartum, the neonatal and inter-conceptional periods.

I. PURPOSE, DEFINITIONS & GENERAL PROVISIONS

A. This document provides a framework to identify the professional responsibilities of licensed midwives and permit an individual midwife's practice to be rationally evaluated, to ensure that it is safe, ethical and consistent with the professional practice of licensed midwifery in California. However, these practice guidelines are not intended to replace the clinical judgment of the licensed midwife.

Sources and documentation used to define and judge professional practice include but are not limited to the following:

1. The international definition of a midwife and the midwifery scope of practice
2. Customary definitions of the midwifery model of care by state and national midwifery organizations, including the Licensed Midwifery Practice Act of 1993 and all it amendments (Business and Professions Code Sections 2505, et seq.)
3. Standards of practice for community midwives as published by state and national midwifery organizations
4. Philosophy of care, code of ethics, and informed consent policies as published by state and national midwifery organizations
5. Educational competencies published by state and national direct-entry midwifery organizations

B. The California licensed midwife maintains all requirements of state and, where applicable, national certification, while keeping current with evidence-based and ethical midwifery practice in accordance with:

1. The body of professional knowledge, clinical skills, and clinical judgments described in the **Midwives Alliance of North America** (MANA) Core Competencies for Basic Midwifery Practice
2. The statutory requirements as set forth in the **Licensed Midwifery Practice Act of 1993** ("LMPA"), all amendments to LMPA and the Health and Safety Code on birth registration.

3. The generally accepted guidelines for community-based midwifery practice as published by state and national direct-entry midwifery organizations

C. The California licensed midwife provides care in private offices, physician offices, clinics, client homes, maternity homes, birth centers and hospitals. The licensed midwife provides well-women health services and maternity care to essentially healthy women who are experiencing a normal pregnancy. An essentially healthy woman is without serious pre-existing medical or mental conditions affecting major body organs, biological systems or competent mental function. An essentially normal pregnancy is without serious medical complications affecting either mother or fetus, and is consistent with the definition set forth under Business and Professions Code Section 2507(b)(1).

D. The California licensed midwife provides the necessary supervision, care and advice to women prior to and during pregnancy, labor and the postpartum period, and conducts deliveries and cares for the newborn infant during the postnatal period. This includes preventative measures, protocols for variations and deviations from norm, detection of complications in the mother and child, the procurement of medical assistance when necessary and the execution of emergency measures in the absence of medical help.

E. The California licensed midwife's fundamental accountability is to the women in her care. This includes a responsibility to uphold professional standards and avoid compromise based on personal or institutional expediency.

F. The California licensed midwife is also accountable to peers, the regulatory body and to the public for safe, competent, ethical practice. It is the responsibility of the licensed midwife to incorporate ongoing evaluation of her/his practice, including formal or informal sources of community input. This includes but is not limited to the licensed midwife's participation in the peer review process and any required mortality and morbidity reporting. The results of these individual evaluations can be distributed to influence professional policy development, education, and practice.

G. The California licensed midwife is responsible to the client, the community and the midwifery profession for evidence-based practice. This includes but is not limited to continuing education and on-going evaluation and application of new information and improved practices as recommended in the scientific literature. It may also include developing and dispersing midwifery knowledge and participating in research regarding midwifery outcomes.

H. The California licensed midwife uses evidence-based policies and practice guidelines for the management of routine care and unusual circumstances by establishing, reviewing, updating, and adhering to individualized practice policies, guidelines and protocols appropriate to the specific setting for a client's labor and birth and geographical characteristics of the licensed midwife's practice. Practice-specific guidelines and protocols are customarily implemented through standard or customized chart forms, informed consent and informed refusal documents (including the consent required in Business and Professions Code Section 2508), other formal and informal documents used routinely for each area of clinical

practice, including but not limited to the antepartum, intrapartum, postpartum, newborn periods and inter-conceptional periods.

I. The licensed midwife's policies, guidelines and protocols are consistent with standard midwifery management as described in standard midwifery textbooks or a combination of standard textbooks and references, including research published in peer-review journals. Any textbook or reference which is also an approved textbook or reference for a midwifery educational program or school is considered an acceptable textbook or reference for use in developing a midwife's individual policies and practice guidelines. When appropriate or requested, citations of scientific source should be made available for client review.

J. The licensed midwife may expand her skill level beyond the core competencies of her training program by incorporating new procedures into the individual midwife's practice that improve care for women and their families. It is the responsibility of the licensed midwife to:

1. Identify the need for a new procedure by taking into consideration consumer demand, standards for safe practice, and availability of other qualified personnel.
2. Ensure that there are no institutional, state, or federal statutes or regulations that would constrain the midwife from incorporation of the procedure into her practice.
3. Be able to demonstrate knowledge and competency, including:
   a) Knowledge of risks, benefits, and client selection criteria.
   b) Having a process for acquisition of required skills.
   c) Identifying and managing complications.
   d) Employing a process to evaluate outcomes and maintain professional competency.
4. Identify a mechanism for obtaining medical consultation, collaboration, and referral related to each new procedure.

professional training as described in 16 CCR 1379.30, community standards and the provisions of LMPA and does so only in accordance with the client's informed consent.

THIRTEEN: The licensed midwife orders, performs, collects samples for, or interprets those screening and diagnostic tests for a woman or newborn which are consistent with the licensed midwife's professional training, community standards, and provisions of the LMPA, and does so only in accordance with the client's informed consent.

FOURTEEN: The licensed midwife participates in the continuing education and evaluation of self, colleagues and the maternity care system.

FIFTEEN: The licensed midwife critically assesses evidence-based research findings for use in practice and supports research activities.

IV. CRITERIA FOR CLIENT SELECTION

Criteria for initial selection of clients for community-based midwifery care assumes:

- Healthy mother without serious pre-existing medical or mental conditions
- History, physical assessment and laboratory results within limits commonly accepted as normal and consistent with Business and Professions Code Section 2507(b)(1) with no clinically significant evidence of the following, including but not limited to:

  a. cardiac disease
  b. pulmonary disease
  c. renal disease
  d. hepatic disease
  e. endocrine disease
  f. neurological disease
  g. malignant disease in an active phase
  h. significant hematological disorders or coagulopathies
  i. essential hypertension (blood pressure greater than 140/90 on two or more occasions, six hours apart)
  j. insulin-dependent diabetes mellitus
  k. serious congenital abnormalities affecting childbirth
  l. family history of serious genetic disorders or hereditary diseases that may impact on the current pregnancy
  m. adverse obstetrical history that may impact on the current pregnancy
  n. significant pelvic or uterine abnormalities, including tumors, malformations, or invasive uterine surgery that may impact on the current pregnancy
  o. isoimmunization
  p. alcoholism or abuse
  q. drug addiction or abuse
  r. positive HIV status or AIDS
  s. current serious psychiatric illness
  t. social or familiar conditions unsatisfactory for domiciliary birth services
  u. other significant physical abnormality, social or mental functioning that affects pregnancy, parturition and/or the ability to safely care for a newborn
  v. other as defined by the licensed midwife

V. RISK FACTORS IDENTIFIED DURING THE INITIAL INTERVIEW OR ARISING DURING THE COURSE OF CARE

With respect to the care of a client who deviates from a normal pregnancy as identified by the client selection criteria in section IV or other science-based parameters, the licensed midwife informs the client that her situation must be evaluated by a licensed physician who has current training and practice in obstetrics and gynecology. If the physician determines that the client's condition or concern has been resolved such that the risk factors presented by a woman's disease or condition are not likely to significantly affect the course of pregnancy, the licensed midwife can continue to provide primary care. The client should further be informed that unresolved significant risk factors will limit the scope of the midwife's care to concurrent care with a physician, regardless of whether the woman has consented to care or refused care by a physician.

It is recognized that the client has the right to refuse the recommended referral; however, pursuant to the law, the licensed midwife cannot continue care. The licensed midwife will document refusal of the referral in the client's record.

VI. ANTEPARTUM REFERRAL

- **To define and clarify minimum practice guidelines for the safe care of women and infants in regard to ANTEPARTUM PHYSICIAN CONSULTATION, REFERRAL & TRANSFER OF CARE**

The licensed midwife consults with a physician and/or other health care professional whenever there are deviations from normal (including abnormal laboratory results) during a client's pregnancy. If a referral to a physician is needed, pursuant to Business and Professions Code Section 2507, the licensed midwife will, if possible, remain in consultation with the physician until resolution of the concern.

The following conditions, occurring after acceptance of care with a licensed midwife, require client referral to a physician and may require transfer of care of the client to a medical health care provider. A referral for immediate medical care does not preclude the possibility of care with a licensed midwife if a physician who has current training in obstetrics and gynecology determines, after an examination, that the client's condition or concern has been resolved such that the risk factors presented by a woman's disease or condition are not likely to significantly affect the course of pregnancy.

Antepartal conditions that deviate from normal pregnancy conditions include, but are not limited to:

Maternal:

a. positive HIV antibody test
b. threatened or spontaneous abortion after 14 weeks
c. significant vaginal bleeding
d. persistent vomiting with dehydration
e. symptoms of malnutrition or anorexia
f. protracted weight loss or failure to gain weight
g. gestational diabetes, uncontrolled by diet
h. severe anemia, not responsive to treatment
i. severe or persistent headache
j. evidence of pregnancy induced hypertension (PIH) or pre-eclampsia (2 blood pressure readings greater than 140/90, 6 hours apart)
k. deep vein thrombosis (DVT)
l. urinary tract infection (UTI)
m. significant signs or symptoms of infection
n. isoimmunization, positive Rh antibody titer for Rh-negative mother, or any other positive antibody titer which may have a detrimental effect on mother or fetus
o. documented placental anomaly or previa
p. documented low lying placenta in woman with history of previous cesarean
q. preterm labor (before 37 0/7 completed weeks of pregnancy)
r. premature rupture of membranes (before 37 0/7 completed weeks of pregnancy)
s. pregnancy with non-reactive stress test and/or abnormal biophysical profile or amniotic fluid assessment
t. Post-term pregnancy defined as gestation greater than 42 0/7 weeks
u. other as defined by the Midwife

Fetal:

a. lie other than vertex at term
b. multiple gestation
c. fetal anomalies compatible with life which are affected by site of birth
d. marked decrease in fetal movement, abnormal fetal heart tones (FHTs) non-reassuring non-stress test (NST)
e. marked or severe poly- or oligo-hydramnios (too much or too little amniotic fluid)
f. evidence of intrauterine growth restriction (IUGR)
g. significant abnormal ultrasound findings
h. other as defined by the licensed midwife

VII. INTRAPARTUM REFERRAL

- **To define and clarify minimum practice guidelines for the safe care of women and infants in regard to INTRAPARTUM PHYSICIAN CONSULTATION, REFERRAL & ELECTIVE TRANSFER OF CARE & EMERGENCY TRANSPORT**

The licensed midwife consults with a physician and/or other health care professional whenever there are deviations from normal during a client's labor and birth, and/or with her newborn. If a referral to a physician is needed pursuant to Business and Professions Code Section 2507, the licensed midwife will, if possible, remain in consultation with the physician in accordance with the client's wishes, remain present throughout the birth and resume postpartum care if appropriate.

A. The following conditions require referral to a physician and may require transfer of care. Referral does not preclude the possibility of return to care with a licensed midwife if a physician who has current training in obstetrics and gynecology determines that the client's condition or concern has been resolved such that the risk factors presented by a woman's disease or condition are not likely to significantly affect the course of pregnancy.

Intrapartum Conditions - Serious medical/obstetrical or perinatal conditions, including but not limited to:

Maternal:

a. prolonged lack of progress in labor
b. abnormal bleeding, with or without abdominal pain; evidence of placental abruption
c. rise in blood pressure above woman's baseline (more than 30/15 points or greater than 140/90) with proteinuria
d. signs or symptoms of maternal infection
e. signs or symptoms of maternal shock
f. client's request for transfer to obstetrical care
g. active genital herpes lesion in labor
h. gestation greater than 42 0/7 weeks

Fetus:

a. abnormal fetal heart tones (FHT)
b. signs or symptoms of fetal distress
c. thick meconium or frank bleeding with birth not imminent
d. lie not compatible with spontaneous vaginal delivery or unstable fetal lie

B. Emergency Transport: If on initial or subsequent assessment during the 1st, 2nd or 3rd stage of labor, one of the following conditions exists, the licensed midwife initiates immediate emergency transfer to medical care. Transport via private vehicle is an acceptable method of transport if, in the clinical judgment of

the licensed midwife, that is the safest and most expedient method to access medical services.

a. prolapsed umbilical cord
b. uncontrolled hemorrhage
c. preeclampsia or eclampsia
d. severe abdominal pain inconsistent with normal labor
e. chorioamnionitis
f. ominous fetal heart rate pattern or other manifestation of fetal distress
g. seizures or unconsciousness in the mother
i. evidence of maternal shock
j. presentation not compatible with spontaneous vaginal delivery
k. laceration requiring repair outside the scope of practice or practice policies of the individual licensed midwife
l. retained placenta or placental fragments
m. neonate with unstable vital signs
n. any other condition or symptom which could threaten the life of the mother, fetus, or neonate as assessed by the licensed midwife exercising ordinary skill and knowledge.

C. **Emergency Exemptions Clause - Business and Professions Code Section 2058 – Medical Practice Act**

The California licensed midwife may deliver a woman with any of the above complications or conditions, or other bona fide emergencies, if the situation is a verifiable emergency and no physician or other equivalent medical services are available. **EMERGENCY** is defined as a situation that presents an immediate hazard to the health and safety of the client or entails extraordinary and unnecessary human suffering.

D. The California licensed midwife provides records, including prenatal records, and consults with the receiving physician about labor up to the point of transfer to a hospital.

VIII. POSTPARTUM REFERRAL

- **To define and clarify minimum practice guidelines for the safe care of women and infants in regard to POSTPARTUM PHYSICIAN CONSULTATION, REFERRAL & ELECTIVE TRANSFER OF CARE & EMERGENCY TRANSPORT**

The licensed midwife consults with a physician and/or other health care professional whenever there are deviations from normal (including abnormal laboratory results) during the postpartum period. If a referral to a physician who has current training and practice in obstetrics and gynecology is needed, the licensed midwife may resume postpartum care if the physician determines that the client's condition or concern has been resolved such that the risk factors presented by a woman's disease or condition are not likely to affect the client's postpartum care.

A. Immediate Postpartum Conditions.

The licensed midwife arranges for immediate referral and transport according to the emergency plan identified in the informed consent document if the following abnormal conditions are present:

a. uterine prolapse or inversion
b. uncontrolled maternal hemorrhage
c. seizure or unconsciousness
d. sustained on-going instability or abnormal vital signs
e. adherent or retained placenta
f. repair of laceration(s)/episiotomy beyond licensed midwife's level of expertise
g. anaphylaxis
h. other serious medical or mental conditions

B. Extended Postpartum Condition.

The licensed midwife arranges for physician consultation, client referral and/or transport when/if:

a. signs or symptoms of maternal infection
b. signs of clinically significant depression
c. social, emotional or other physical conditions as defined by the licensed midwife and outside her scope of practice

IX. NEONATE REFERRAL

- **To define and clarify minimum practice guidelines for the safe care of women and infants in regard to PHYSICIAN CONSULTATION, REFERRAL & ELECTIVE TRANSFER OF CARE & EMERGENCY TRANSPORT OF THE NEONATE**

The licensed midwife consults with a physician or other health care practitioner whenever there are deviations or complications relative to the newborn. If a referral to a physician is needed, the licensed midwife will, if possible, remain in consultation with the physician.

The following conditions will prompt referral to a physician and may require transfer of care.

A. **Neonatal Conditions:** The licensed midwife arranges for immediate referral and transport according to the emergency plan identified in the informed consent document if the following conditions exist:

   a. Apgar score of 6 or less at five minutes of age, without significant improvement by 10 minutes
   b. persistent respiratory distress
   c. persistent cardiac irregularities
   d. persistent central cyanosis or pallor
   e. persistent lethargy or poor muscle tone
   f. prolonged temperature instability
   g. significant signs or symptoms of infection
   h. significant clinical evidence of glycemic instability
   i. seizures
   j. abnormal bulging or depressed fontanel
   k. birth weight <2300 grams
   l. significant clinical evidence of prematurity
   m. clinically significant jaundice apparent at birth
   n. major or medically significant congenital anomalies
   o. significant or suspected birth injury
   p. other serious medical conditions
   q. parental request

B. **Postnatal Care:** The licensed midwife arranges for referral or transport for an infant who exhibits the following:

   a. abnormal cry
   b. diminished consciousness
   c. inability to suck
   d. passes no urine in 30 hours or meconium in 48 hours after delivery or inadequate production of urine or stool during the neonatal period
   e. clinically significant abnormalities in vital signs, muscle tone or behavior
   f. clinically significant color abnormality-cyanotic, pale, grey
   g. abdominal distension, projectile vomiting
   h. jaundice within 30 hours of birth

i. significant signs or symptoms of infection
j. abnormal lab results
k. signs of clinically significant dehydration or failure to thrive
l. other concerns of family or licensed midwife