

**ARKANSAS STATE BOARD OF HEALTH**

**ARKANSAS DEPARTMENT OF HEALTH**

**RULES AND REGULATIONS**

**GOVERNING THE PRACTICE OF LICENSED LAY MIDWIFERY IN  
ARKANSAS**

**PROMULGATED UNDER THE AUTHORITY OF  
ARKANSAS CODE ANN. § 25-15-201 ET SEQ. AND BY AUTHORITY OF  
ARKANSAS CODE ANN. §§ 17-85-101 THROUGH 108**

**Effective April, 2007  
This Revision Effective: To Be Determined  
By the Arkansas State Board of Health**

**Arkansas Department of Health  
Little Rock, Arkansas  
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RULES AND REGULATIONS GOVERNING LICENSED LAY MIDWIFE PRACTICE  
(Pursuant to ACT 481 of 1987)

**TABLE OF CONTENTS**

100. GENERAL PROVISIONS .....	6
101. PURPOSE AND AUTHORITY.....	6
102. ADMINISTRATION OF PROGRAM.....	6
103. DEFINITIONS .....	6
103.01. APPRENTICE LAY MIDWIFE.....	6
103.02. ARKANSAS DEPARTMENT OF HEALTH .....	6
103.03. ARKANSAS DEPARTMENT OF HEALTH CLINICIAN.....	6
103.04. ARKANSAS RULES AND REGULATIONS EXAMINATION .....	7
103.05. BIRTHING/BIRTH CENTER .....	7
103.06. CASE REVIEW .....	7
103.07. CERTIFIED MIDWIFE (CM).....	7
103.08. CERTIFIED NURSE MIDWIFE (CNM).....	7
103.09. CERTIFIED PROFESSIONAL MIDWIFE (CPM) .....	7
103.10. CLIENT.....	7
103.11. CO-MANAGEMENT.....	7
103.12. CONSULTATION .....	7
103.13. CONTACT HOUR.....	8
103.14. EMERGENCY PLAN .....	8
103.15. LABOR/BIRTH ASSISTANT.....	8
103.16. LICENSED LAY MIDWIFE.....	8
103.17. LOCAL HEALTH UNIT .....	8
103.18. NORTH AMERICAN REGISTRY OF MIDWIVES (NARM).....	8
103.19. PHYSICIAN .....	8
103.20. PRECEPTOR .....	9
103.21. PRESCRIPTION DRUGS OR DEVICES.....	9
103.22. REFERRAL .....	9
103.23. SUPERVISION.....	9
103.24. TRANSFER OF CARE.....	9
104. SCOPE OF PRACTICE .....	9

105. TITLE PROTECTION .....	10
106. DELEGATION OF LICENSED LAY MIDWIFERY FUNCTIONS .....	11
107. ADVERTISING .....	12
108. MIDWIFERY ADVISORY BOARD .....	13
109. CONTINUING EDUCATION ACTIVITIES OF THE MIDWIFERY ADVISORY BOARD .....	14
200. LICENSING .....	15
201. ELIGIBILITY REQUIREMENTS FOR INITIAL LICENSURE .....	16
202. RENEWAL.....	18
203. GROUNDS FOR DENIAL OF APPLICATION, DISCIPLINE, SUSPENSION, OR REVOCATION OF LICENSE.....	19
204. DISCIPLINARY ACTIONS .....	21
205. INACTIVE STATUS .....	22
206. REACTIVATION OF EXPIRED LICENSE.....	22
207. APPRENTICESHIPS .....	22
207.01 TRANSITIONAL APPRENTICE PERMIT RENEWAL.....	22
300. PROTOCOLS .....	24
301. REQUIREMENTS FOR LICENSED LAY MIDWIFERY PRACTICE .....	24
302. PROTOCOL FOR REQUIRED ANTEPARTUM CARE .....	26
302.01 RISK ASSESSMENT(S):.....	26
302.02 REQUIRED ANTEPARTUM SERVICES AT OR NEAR THE INITIATION OF CARE.....	27
302.03 COLLECTION OF LABORATORY SPECIMENS.....	28
302.04 ROUTINE ANTEPARTUM LICENSED LAY MIDWIFE CARE .....	28
302.05 REQUIRED ANTEPARTUM SERVICES AT 24 TO 28 WEEKS GESTATION	29
302.06 REQUIRED ANTEPARTUM SERVICES AT 35 TO 37 WEEKS GESTATION	30
302.07 ANTEPARTUM PREPARATION FOR HOME BIRTH .....	30
303. PROTOCOLS FOR ANTEPARTUM CONDITIONS REQUIRING INTERVENTION .....	32
303.01 CONDITIONS PRECLUDING MIDWIFE CARE.....	32
303.02 PRE-EXISTING CONDITIONS REQUIRING ANTEPARTUM CONSULTATION, REFERRAL, OR TRANSFER OF CARE.....	32
303.03 ANTEPARTUM CONDITIONS REQUIRING CONSULTATION, REFERRAL OR TRANSFER OF CARE .....	34
304. PROTOCOL FOR REQUIRED INTRAPARTUM CARE .....	36

304.01 INITIAL LABOR ASSESSMENT .....	36
304.02 MANAGEMENT OF LABOR .....	37
305. PROTOCOLS FOR INTRAPARTUM CONDITIONS REQUIRING PHYSICIAN OR CNM INTERVENTION .....	38
305.01 IMMEDIATE TRANSPORT.....	38
305.02 PHYSICIAN CONSULTATION.....	39
306. PROTOCOL FOR REQUIRED POSTPARTUM CARE.....	40
306.01 IMMEDIATE CARE .....	40
306.02 FOLLOW-UP POSTPARTUM CARE.....	40
307. PROTOCOLS FOR POSTPARTUM CONDITIONS REQUIRING PHYSICIAN OR CNM INTERVENTION .....	41
307.01 IMMEDIATE TRANSPORT.....	41
307.02 CONSULTATION OR REFERRAL.....	42
308. PROTOCOL FOR REQUIRED NEWBORN CARE .....	42
308.01 IMMEDIATE CARE .....	42
308.02 FEEDING.....	43
308.05 NEWBORN SCREENING .....	44
308.06 CORD CARE.....	44
309. PROTOCOLS FOR NEWBORN CONDITIONS REQUIRING PHYSICIAN INTERVENTION.....	44
309.01. IMMEDIATE TRANSPORT.....	44
309.02. PHYSICIAN CONSULTATION.....	45
400. EMERGENCY MEASURES .....	46
500. RECORD KEEPING AND REPORTING REQUIREMENTS .....	46
501. MONTHLY REPORTS.....	46
502. INCIDENT REPORTS.....	47
503. RECORD AUDITS .....	47
504. DOCUMENTATION BY LICENSED LAY MIDWIFE APPRENTICES .....	47
505. REPORTING MATERNAL, FETAL, OR NEWBORN EVENTS .....	47
506. CLIENT HEALTH RECORD.....	48
507. VITAL RECORDS.....	48
600. ADH RESPONSIBILITIES.....	48
601. GRANTING PERMITS AND LICENSES .....	48
602. REGISTRATION LISTING .....	48
603. MONITORING OUTCOMES .....	48

604. INVESTIGATION ..... 49

605. ADMINISTRATION OF TESTS..... 49

700. SEVERABILITY..... 49

800. REPEAL. .... 49

900. CERTIFICATION ..... 49

APPENDIX A:..... 51

TRANSITIONAL PROVISIONS..... 51

APPENDIX B..... 54

CALCULATIONS FOR NUMBER OF CEUS REQUIRED FOR LLM RENEWAL OF  
LICENSE BASED ON ALL BEING RENEWED IN AUGUST EVERY 3 YEARS..... 54

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## **100. GENERAL PROVISIONS**

### **101. PURPOSE AND AUTHORITY**

Act 838 of 1983 provided for the lawful practice of Licensed Lay Midwifery in counties having 32.5% or more of their population below the poverty level. Act 481 of 1987 superseded Act 838 of 1983, and expanded the lay midwifery licensure statewide. These Rules and Regulations govern the practice of Licensed Lay Midwives (LLMs) in Arkansas.

The following Rules and Regulations are promulgated pursuant to the authority conferred by A.C.A. 17-85-101 et seq. (Act 481) and A.C.A. 20-7-109 et seq. (Act 96 of 1913). Specifically, Act 481 directs the Arkansas State Board of Health to administer the provisions of the Act and authorizes and directs the Board to adopt rules and regulations governing the qualifications for licensure of lay midwives and the practice of Licensed Lay Midwifery. The broad authority vested in the Board of Health by Act 96 to regulate and to ultimately protect the health of the public is the same authority the Board utilizes in enforcing the regulations, determining sanctions, revoking licenses, etc.

### **102. ADMINISTRATION OF PROGRAM**

The State Board of Health has delegated the authority to administer the Licensed Lay Midwifery program, including the regulating and licensing of lay midwives, to the Arkansas Department of Health (ADH), Family Health Branch, Women's Health Section, 4815 W. Markham, Slot 16, Little Rock, Arkansas 72205-3867.

### **103. DEFINITIONS**

As used in these Rules and Regulations, the terms below will be defined as follows, except where the context clearly requires otherwise:

#### **103.01. APPRENTICE LAY MIDWIFE**

A person who is training to become a Licensed Lay Midwife (LLM) in Arkansas working under the direct supervision of a preceptor.

#### **103.02. ARKANSAS DEPARTMENT OF HEALTH**

The Arkansas Department of Health, Family Health Branch, Women's Health Section. Also referred to herein as the Department or ADH.

#### **103.03. ARKANSAS DEPARTMENT OF HEALTH CLINICIAN**

An ADH physician, Certified Nurse Midwife (CNM) or nurse practitioner providing ADH maternity services at a local health unit.

103.04. ARKANSAS RULES AND REGULATIONS EXAMINATION

The exam which tests knowledge of the *Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas*.

103.05. BIRTHING/BIRTH CENTER

Any facility licensed by the ADH which is organized to provide family-centered maternity care in which births are planned to occur in a home-like atmosphere away from the mother's usual residence following a low risk pregnancy.

103.06. CASE REVIEW

The process whereby the Department reviews a midwife's client medical record. This may be done as a random review of the LLM's records, or may be done to assess the care provided by the midwife as part of an investigation or inquiry.

103.07. CERTIFIED MIDWIFE (CM)

Individuals who have or receive a background in a health related field other than nursing and graduate from a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME). Graduates of an ACME accredited midwifery education program take the same national certification examination as CNMs but receive the professional designation of certified midwife.

103.08. CERTIFIED NURSE MIDWIFE (CNM)

A person who is certified by the American College of Nurse Midwives and is also currently licensed by the Arkansas State Board of Nursing or the appropriate licensing authority of a bordering state to perform, for compensation, nursing skills relevant to the management of women's health care, focusing on pregnancy, childbirth, the postpartum period, care of the newborn, family planning, and the gynecological needs of women. The CNM must be currently practicing midwifery unless stated otherwise in these rules.

103.09. CERTIFIED PROFESSIONAL MIDWIFE (CPM)

A professional, independent midwifery practitioner who has met the standards for certification set by the North American Registry of Midwives (NARM).

103.10. CLIENT

A pregnant woman or a postpartum woman up to six weeks and her baby for the first fourteen (14) days of life who is the recipient of services from an LLM.

103.11. CO-MANAGEMENT

The process in which the LLM jointly manages the care of a client who needs joint care, such as one who has medical complications, with a physician, CNM or ADH clinician.

103.12. CONSULTATION

The process by which an LLM who maintains primary management responsibility for the client's care, seeks the advice of a physician, CNM, or ADH Clinician. This may be by phone, in person or by written request. The physician, CNM or ADH Clinician may require the client to come into her/his office for evaluation.

**103.13. CONTACT HOUR**

A unit of measure to describe 50-60 minutes of an approved, organized learning experience that is designed to meet professional educational objectives. It is a measurement for continuing education. One contact hour is equal to 0.1 CEU. Ten contact hours are equal to 1 (one) CEU.

**103.14. EMERGENCY PLAN**

A written plan developed by the LLM for each client which outlines a plan for transport to the nearest hospital with an active obstetrical service. This hospital must be located within fifty (50) miles of the planned delivery site.

**103.15. LABOR/BIRTH ASSISTANT**

An individual who is a support person to the birthing mother, her family, or the LLM, to provide emotional, physical and educational support or non-labor related needs. The individual may be licensed or unlicensed, and compensated or uncompensated.

**103.16. LICENSED LAY MIDWIFE**

Any person other than a physician, a nurse-midwife, or a licensed nurse practicing within the scope of the Arkansas Nurse Practice Act, § 17-87-101 et seq., who is licensed by ADH to practice midwifery and who performs for compensation those skills relevant to the management of care of women in the antepartum, intrapartum, and postpartum periods of the maternity cycle, and to the management of care of the healthy newborn for the first fourteen (14) days of life.

**103.17. LOCAL HEALTH UNIT**

A community-based ADH clinic site that provides medical and environmental services.

**103.18. NORTH AMERICAN REGISTRY OF MIDWIVES (NARM)**

The international certification agency that established and continues to administer certification for the credential "Certified Professional Midwife" (CPM).

**103.19. PHYSICIAN**

A person who is currently licensed by the Arkansas State Medical Board, or the appropriate licensing authority of a bordering state, to practice medicine or surgery. For the purposes of the regulations governing the care of pregnant and postpartum women, "physician" refers to those currently practicing obstetrics.



For the purpose of the regulations governing the care of newborn infants, “physician” refers to those physicians who currently include care of newborns in their practices.

**103.20. PRECEPTOR**

An Arkansas licensed or legally practicing obstetric practitioner who participates in the teaching and training of apprentice midwifery students and meets NARM preceptor standards which include credentials, years of experience and birth attendance requirements. A preceptor assumes responsibility for supervising the practical (clinical obstetric) experience of an apprentice lay midwife and for the midwifery services they render during their apprenticeship.

**103.21. PRESCRIPTION DRUGS OR DEVICES**

A drug or device limited by A.C.A. § 20-64-503 to dispensing by or upon a medical practitioner’s prescription because the drug is (a) habit-forming, (b) toxic or having a potential for harm, or (c) permitted for use only under the practitioner’s supervision. This includes any drug or device whose label contains the statement: “Caution-federal law prohibits dispensing without prescription”.

**103.22. REFERRAL**

The process by which the client is directed to a physician, CNM or ADH clinician for management of a particular problem or aspect of the client’s care, after informing the client of the risks to the health of the client and/or infant.

**103.23. SUPERVISION**

The direct observation and evaluation by the preceptor of the clinical experiences and technical skills of the apprentice while present in the same room.

**103.24. TRANSFER OF CARE**

The process by which the LLM relinquishes care of her client for pregnancy, labor, delivery, or postpartum care to another physician, CNM or ADH clinician, after informing the client of the risks to the health or life of the client and/or her infant.

**104. SCOPE OF PRACTICE**

- A. The LLM may provide midwifery care only to healthy women, determined through a physical assessment and review of the woman’s obstetrical history, who are at low risk for the development of medical or obstetrical complications of pregnancy or childbirth and whose expected outcome is the delivery of a healthy newborn and an intact placenta.
- B. A person may not practice or offer to act as a lay midwife in Arkansas unless licensed by the State Board of Health. It is unlawful for any person not licensed as a

lay midwife by the State Board of Health to receive compensation for attending births as a lay midwife or indicate they are licensed to practice lay midwifery in Arkansas, excluding licensed nurse midwives and licensed physicians. Nothing in these Rules and Regulations shall be construed to prohibit the attendance at a birth of the mother's choice of family, friends or other uncompensated labor support attendants.

- C. The Licensed Lay Midwifery program at ADH is supervised by ADH physicians. Individual LLMs are encouraged to develop their own working relationships with physicians or CNMs.
- D. Apprentice midwives may only work under the on-site supervision of their preceptors.
- E. Any medical procedure that is not contemplated by these Rules and Regulations is considered outside of the LLM's scope of practice. If at any time the LLM feels that the care of a client is outside the scope of her/his practice or comfort level, the LLM has the right and responsibility to terminate care.
- F. Each LLM is encouraged to develop a close working relationship with one or more specific physicians in obstetrical and pediatric practice or CNMs in obstetrical practice who agree to serve as a referral source for the LLM. This relationship is optional. The referral physician and LLM relationship, or the CNM and LLM relationship, can be terminated by either party at any time.

## **105. TITLE PROTECTION**

- A. Anyone unlawfully practicing lay midwifery without a license shall be deemed guilty of a misdemeanor and upon conviction thereof, shall be punished by a fine of not less than one hundred dollars (\$100) nor more than five hundred dollars (\$500), or by imprisonment in the county jail for a period of not less than one (1) week nor more than six (6) months, or by fine and imprisonment.
- B. The courts of this state having general equity jurisdiction are vested with jurisdiction and power to enjoin the unlawful practice of midwifery in a proceeding by the State Board of Health or any member thereof, or by any citizen of this state in the county in which the alleged unlawful practice occurred or in which the defendant resides, or in Pulaski County.
- C. The issuance of an injunction shall not relieve a person from criminal prosecution for violation of the provisions of this chapter, but remedy of the injunction shall be in addition to liability to criminal prosecution.

- D. An LLM must use the title “Licensed Lay Midwife” or the initials “LLM” on all materials related to her/his practice, including all promotional materials and all documents.

## **106. DELEGATION OF LICENSED LAY MIDWIFERY FUNCTIONS**

- A. An unlicensed labor/birth assistant (support person) may be engaged by the LLM to complement her/his work, but shall not be used as a substitute for the LLM.
  - 1. Tasks that may be delegated to the unlicensed labor/birth assistant before an assessment of the client’s care needs is completed by the LLM include:
    - a. Noninvasive and non-sterile tasks, if in the judgment of the LLM, the labor/birth assistant has the appropriate knowledge and skills to perform the task.
    - b. The collecting, reporting and documentation of temperature, weight, intake, output, contractions and their frequency and duration.
    - c. Reporting changes from baseline data established by the LLM.
    - d. Assisting the client with ambulation, positioning or turning.
    - e. Assisting the client with personal hygiene.
    - f. Reinforcing health teaching planned or provided by the LLM.
  - 2. Tasks that must never be delegated to an unlicensed labor/birth assistant include, but are not exclusive to, the following:
    - a. the performance of a physical assessment or evaluation,
    - b. physical examination which includes, but is not limited to, fetal heart rate auscultation, cervical exams and blood pressure measurements,
    - c. the provision of sterile invasive treatments,
    - d. the administration of any prescription drugs or devices.
- B. The LLM is accountable for monitoring, and documenting in the client’s medical record, the care and procedures performed by any unlicensed labor/birth assistant (support person) engaged by the LLM.

- C. The LLM is accountable for documenting the presence during labor and birth of any unlicensed labor/birth assistant (support person) engaged by the client.
- D. An LLM who has agreed to provide care to a client is held accountable to act according to the standards of care set out in these regulations until such a time as that care is terminated by the client or the LLM, in accordance with these regulations.
- E. An LLM may request a registered nurse to perform selected acts, tasks or procedures that are outside the authority of the LLM's practice but which do not exceed the scope of practice of the nurse's license. It is the nurse's responsibility to be informed and act in accordance with both the Arkansas Nurse Practice Act and the Arkansas State Board of Nursing Rules.
- F. An LLM who also holds an Arkansas nursing license is required to act in accordance with the Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas; the Arkansas Nurse Practice Act, as codified in Ark. Code Ann. § 17-87-101; and the Arkansas State Board of Nursing Rules as promulgated by the Arkansas State Board of Nursing. An LLM practicing under the scope of her nursing license while acting as a licensed lay midwife will be referred to the Arkansas State Board of Nursing for any improper conduct.

#### **107. ADVERTISING**

- A. ADH permits advertising by LLMs regarding the practice of Licensed Lay Midwifery in accordance with these Rules and Regulations.
- B. No LLM shall disseminate or cause the dissemination of any advertisement or advertising that is in any way false, deceptive, or misleading. Any advertisement or advertising shall be deemed to be false, deceptive or misleading if it:
  - 1. Contains a misrepresentation of facts; or
  - 2. Makes only a partial disclosure of relevant facts; or
  - 3. Contains any representation or claims as to services which the LLM referred to in the advertising cannot legally perform; or
  - 4. Contains any representation, statement, or claim which misleads or deceives; or
  - 5. Could lead a reasonable prudent person to believe that the LLM is licensed to practice nursing or medicine when not so licensed in the state of Arkansas.
- C. Advertising that crosses into other states must clearly state if any of the services offered are legal only in certain states in which the LLM practices.
- D. As used in these Rules and Regulations, the terms "advertisement" and "advertising" shall mean any statements, oral or written, disseminated to or before the public or any portion thereof, with the intent of furthering the purpose, either

directly or indirectly, of selling professional services, or offering to perform professional services, or inducing members of the public to enter into any obligation relating to such professional services.

## **108. MIDWIFERY ADVISORY BOARD**

The Board of Health (Board) shall establish and appoint the Midwifery Advisory Board (MAB) to advise ADH and the Board on matters pertaining to the regulation of midwifery.

### **A. PURPOSE, DUTIES, AND RESPONSIBILITIES:**

1. Reviewing the Rules and Regulations and proposing revisions to ADH and the Board.
2. Reviewing and advising ADH regarding approval of continuing education units.
3. Reviewing and advising ADH regarding quality improvement data and information.
4. Serving as community liaisons to educate the public and other providers regarding the practice of midwifery.
5. Promoting the safe practice of midwifery through addressing concerns and issues of ADH, BOH, public consumers of midwifery services, and LLMs regarding the practice of midwifery.
6. Reviewing disciplinary actions listed in Section 203 by MAB member.
7. Reviewing reports:
  - a. A draft of the annual LLM statistical report will be available to the MAB for comment prior to the presentation to the Board of Health.

### **B. COMPOSITION OF THE MAB**

The composition of the MAB will be as follows:

1. Four (4) Arkansas LLMs
2. One (1) CNM, currently licensed as a CNM in Arkansas, preferably practicing.
3. One (1) Arkansas licensed obstetrician, preferably practicing.

4. Three (3) public consumers who have either had a midwife-attended birth, is the spouse of someone who has had a midwife-attended birth, or is someone who has been involved in promoting midwifery or homebirth in the state of Arkansas.

#### C. NOMINATION OF MEMBERS

Members of the MAB are appointed by the Board of Health. The Board requests nominations from the MAB through ADH. The process for applying to serve on the MAB is as follows:

1. Individuals interested in either proposing a nomination or serving on the MAB must obtain an “Application for Midwifery Advisory Board Appointment” from the MAB.
2. The applicant will complete the application form and submit it to the MAB according to the instructions.

#### D. TERMS OF MIDWIFERY ADVISORY BOARD MEMBERS

1. Midwifery Advisory Board (MAB) members shall serve terms of four (4) years.
2. No member may serve more than two (2) consecutive full terms.
3. Members may be eligible for reappointment two (2) years after the date of the expiration of the second full term.

#### E. ORGANIZATIONAL STRUCTURE OF THE MIDWIFERY ADVISORY BOARD

1. MAB members shall establish and annually review the By-Laws of the Midwifery Advisory Board.
  - a. Additionally, an organizational chart with delegation of duties of MAB members and officers shall be developed.
2. MAB members shall elect a chair, vice-chair and secretary at its first meeting each year that will serve until their successors are elected.
3. The MAB will schedule and conduct meetings at least once every six (6) months and at other times, as necessary.

### **109. CONTINUING EDUCATION ACTIVITIES OF THE MIDWIFERY ADVISORY BOARD**

For the purpose of these regulations, the MAB will process the review of continuing education credits by the following criteria:

1. The application for review must be received by the MAB at least sixty (60) days prior to the scheduled course date, and should be submitted simultaneously to ADH.
2. The MAB will conduct a meeting to review and evaluate the application for the continuing education course and make a recommendation to ADH.
3. The documentation will be reviewed for appropriate content applicable to the protocols and clinical practice of the LLM program of Arkansas. Each application shall be evaluated on the following criteria:
  - a. Completeness of application;
  - b. Agenda;
  - c. Intended audience;
  - d. Method of delivery (lecture, video, correspondence, online, other);
  - e. Course description and objectives; and
  - f. Biographical data for each speaker including pertinent education and experience.
4. The recommendation of the MAB shall be submitted in writing for ADH approval.
5. ADH will make the final decision for approval of continuing education courses, after consideration of timely received MAB recommendations. All MAB recommended applications must be received by ADH no less than thirty (30) days prior to the scheduled course date to be considered.

## **200. LICENSING**

- A. A Lay Midwife license, valid for up to three (3) years, is issued upon application and favorable review. Application materials and instructions are available from ADH's internet site or by contacting the ADH Women's Health Section for assistance.
- B. Unless otherwise specified by these Rules and Regulations, individuals who wish to become licensed as a lay midwife in Arkansas are required to have current NARM CPM certification, current certification by the American Midwifery Certification Board as a Certified Midwife (CM) or holds a certification deemed equivalent and approved by ADH.
- C. LLMs seeking renewal of their lay midwife license must have current CPM certification unless they were licensed continuously prior to these Rules and have

never been certified as a CPM. Those midwives may renew their license by showing documentation of CEUs as required in Section 202 (C) and completing the renewal application process.

- D. Cardiopulmonary resuscitation (CPR) and Neonatal Resuscitation Program (NRP) certification must be kept current. Where applicable, CPM certification must be kept current. It is the responsibility of the LLM to ensure their credentials and certifications are current at all times. The licensee must provide documentation upon request.
- E. In the event of a lapse or revocation of any licensure or certification held, including but not limited to, nursing license, CPM certification, CNM license, the LLM must notify ADH within thirty (30) days.
- F. If the name used on the application is not the same as that on any of the supporting documentation, the applicant must submit proof of name change with application.
- G. Apprentices who hold a valid permit prior to the effective date of these Rules will follow the requirements for licensure found in Appendix A: Transitional Provisions.

## **201. ELIGIBILITY REQUIREMENTS FOR INITIAL LICENSURE**

Applicants for initial licensure, except for those noted in Section 200. G, must meet the following requirements:

- A. An applicant for an initial license to practice midwifery shall submit:
  - 1. A completed application in a format provided by ADH.
  - 2. A passport style and size photo of the applicant, head and shoulders, taken within sixty (60) days of the submission date of the application and attached to the application.
  - 3. A copy of one of the following documents that demonstrates the applicant is twenty-one (21) years of age or older:
    - a. The applicant's birth certificate.
    - b. The applicant's U.S. passport, U.S. Driver's License or other state-issued identification document
    - c. Any document issued by federal, state or provincial registrar of vital statistics showing age.



4. A copy of both sides of current certification that will be valid for at least the next three (3) months in both:
    - a. Adult and infant cardiopulmonary resuscitation (CPR). Approved CPR courses include the American Heart Association and the American Red Cross. Note: Only certifications from courses which include a hands-on skills component are accepted. Online-only courses are not accepted.
    - b. NRP certification through a course recognized by the American Academy of Pediatrics. Note: Certification course contains both online and hands-on skills training.
  5. Documentation of a high school diploma or its equivalent, and documentation of the highest degree attained after high school. This documentation should include the name of the issuing school or institution and the date issued.
  6. Documentation that applicant is certified by the North American Registry of Midwives (NARM) as a Certified Professional Midwife (CPM) or by the American Midwifery Certification Board (AMCB) as a Certified Midwife (CM) or holds a certification deemed equivalent and approved by ADH. Documentation may be received in the form of a verification letter directly from the certifying body or a notarized copy of the applicant's certificate.
  7. Certificate of completion of an ADH approved Health Insurance Portability and Accountability Act (HIPAA) training course.
  8. Verification of professional health-related licensure in other jurisdictions may be requested by ADH.
- B. Upon satisfactory review of the application by ADH, the applicant:
1. Shall take the Arkansas Rules and Regulations Examination which will be administered at the ADH Central Office in April, August and December each year on a date chosen and publicized by ADH .
  2. Shall provide proof of identity by a government-issued photographic identification card upon request at the time of testing.
- C. If the applicant scores 80% or higher on the Arkansas Rules and Regulations Examination, ADH shall provide to an applicant a written notice of examination results and a license will be issued.
- D. If the applicant scores less than 80% on two consecutive tests, the applicant must wait a minimum of four (4) months before re-applying.

## 202. RENEWAL

- A. Licenses expire on August 31 of the renewal year, and applications and documentation must be submitted by July 2 of the renewal year to be timely. The license must be renewed up to every three (3) years. Renewal will only occur upon application and favorable review of required activity reports by ADH.

This review will ensure that:

1. The LLM has acted in accordance with these Rules and Regulations.
  - a. The LLM is not providing care for clients who have risk factors which preclude LLM care.

- B. Applications for renewal shall include:

1. A completed application for renewal in a format provided by ADH.
2. A copy of both sides of current certification that will be valid for at least the next three (3) months in both:
  - a. Adult and infant cardiopulmonary resuscitation (CPR). Approved CPR courses include the American Heart Association and the American Red Cross. Note: Only certifications from courses which include a hands-on skills component are accepted. Online-only courses are not accepted.
  - b. NRP certification through a course recognized by the American Academy of Pediatrics. Note: Certification course contains both online and hands-on skills training.
3. Certificate of completion of an ADH approved HIPAA training course.

- C. Continuing Education Requirements for Renewal of licenses requires either:

1. For the midwife licensed as a midwife by ADH and certified as a CPM, proof that a current CPM credential is held. Documentation may be received in the form of a:
  - a. Verification letter sent directly from the certifying agency, or
  - b. Notarized copy of the certificate.
2. For the LLM having certification as a CM or a certification previously approved by ADH ( LLM Reg. 201.A.6), documentation in the form of a verification of continuing education hours sent directly from the licensing organization is required.
3. For LLMs who have been continuously licensed in the State of Arkansas prior to the effective date of these regulations, and who have never received certification as a CPM, the following requirements must be met:

- a. Documentation of thirty (30) hours of continuing clinical education within the past three (3) years. Continuing Education Units (CEUs) and contact hours will be approved according to the following guidelines:
  - i. A maximum of five (5) hours may be granted for documented peer review.
  - ii. Educational content that is required for licensure (i.e. CPR), or is generally considered core content of a midwifery apprenticeship, will not be considered continuing education.
  - iii. Workshops or conferences relevant to the clinical practice of midwifery in Arkansas that are sponsored by the following organizations are pre-approved by the Licensed Lay Midwifery Advisory Board for CEUs:
    - American College of Nurse Midwives
    - American College of Obstetrics and Gynecology
    - Arkansas Department of Health
    - International Childbirth Education Association
    - La Leche League International
    - University of Arkansas for Medical Sciences
    - Midwifery Education Accreditation Council (MEAC)
    - Any state Nurses Association

D. The state Arkansas Rules and Regulations Examination must be taken for each licensing period within one hundred and eighty (180) days prior to the expiration of the midwifery license (or by March 4 of the calendar year). A score of eighty percent (80%) or higher must be achieved. The test for renewal of licenses will be available on the ADH website or by contacting the ADH Women's Health section for information. The applicant must submit a copy of the certificate of completion with the application for license renewal. Passing requirements for original licensing, as stated in Section 201, apply for renewal.

### **203. GROUNDS FOR DENIAL OF APPLICATION, DISCIPLINE, SUSPENSION, OR REVOCATION OF LICENSE**

ADH may refuse to issue, suspend or revoke a license for violation of the Licensed Lay Midwife Act or any provision of these Rules and Regulations, including but not limited to, any of the following reasons:

1. Securing a license or permit through deceit, fraud, or intentional misrepresentation.
2. Submitting false or misleading information to ADH, the Board of Health, or the Midwifery Advisory Board.

3. Practicing midwifery on expired credentials.
4. Knowingly making or filing a false report or record, intentionally or negligently failing to file a report or record required by these regulations, or willfully impeding or obstructing such filing.
5. Failure to submit requested midwifery records in connection with an investigation.
6. Engaging in unprofessional conduct or dereliction of any duty imposed by law, which includes, but is not limited to, any departure from, or failure to conform to, the standards of the practice of midwifery as established by these Rules and Regulations.
7. Revocation of certification by NARM.
8. Permitting another person to use the licensee's license or permit.
9. Knowingly or negligently employing, supervising, or permitting (directly or indirectly) any person who is not an Apprentice or LLM to perform any work covered by these regulations.
10. Obtaining any fee by fraud or misrepresentation.
11. Knowingly or negligently allowing a midwifery apprentice to practice midwifery without a supervising preceptor present, except in an emergency.
12. Using, causing, or promoting the use of any advertising material, promotional literature, or any other representation however disseminated or published, which is misleading or untruthful.
13. Representing that the service or device of a person licensed to practice medicine will be used or made available when that is not true, or using the words "doctor", "registered nurse", "Certified Nurse Midwife" or similar words, abbreviations or symbols including MD, RN, APRN, RNP, EMT or paramedic, falsely implying involvement by such a medical professional.
14. Use of the designation "birth center" or "birthing center" in reference to the midwife's home or office and/or charging facility fees for delivery in a "birth center" or "birthing center", unless that center is licensed as such in compliance with the requirements set forth by the Rules and Regulations for Free-Standing Birthing Centers.
15. Violation of the Prescription Drug or Devices Law, A.C.A. 20-64-503.

16. Displaying the inability to practice midwifery with reasonable skill and safety because of illness, disability, or psychological impairment.
17. Practicing while knowingly suffering from a contagious or infectious disease of public health importance.
18. Practicing midwifery while under the influence of any intoxicant or illegal drug.
19. Judgment by a court of competent jurisdiction that the individual is mentally impaired.
20. Disciplinary action taken by another jurisdiction affecting the applicant's legal authority to practice midwifery in that jurisdiction.
21. Disciplinary action taken by another licensing or credentialing body that displays negligence, willful disregard for patient safety, or other inability to provide safe patient care.
22. Gross Negligence.
23. Conviction of a felony.
24. Failure to comply with an order issued by the Arkansas State Board of Health or a court of competent jurisdiction.

#### **204. DISCIPLINARY ACTIONS**

If the BOH finds that a person holding a license or permit has violated the Licensed Lay Midwife Act or these Rules and Regulations sanctions which include, but are not limited to, the following may be imposed:

1. Permanent revocation of license or permit.
2. Suspension of a license or permit for a determinate period of time.
3. Written or verbal reprimand of a licensee or permit holder.
4. Probation of license or permit until certain designated requirements are met.
5. Limitations or conditions on the practice of a person holding a certificate or permit.
6. Fines as imposed by the Board of Health under their general authority to regulate.

ADH will notify licensee of any actions to be imposed. The LLM will be afforded the opportunity of a hearing in accordance with the Arkansas Administrative Procedures Act.

Any applicable certification or licensing agencies will be notified of actions on licenses, including but not limited to, NARM.

## **205. INACTIVE STATUS**

Inactive status is automatic on the day after the license expires (September 1 of the renewal year). LLMs who do not maintain a current license will be considered inactive. Inactive status may be maintained for up to three (3) years. To reactivate a license with inactive status, the lay midwife must submit a copy of her/his current CPM credential or, if the midwife was licensed prior to the effective date of these Rules, document additional continuing education credits totaling ten (10) hours for each year of inactive status. Other requirements for licensure must be met including current CPR and NRP certification. The Arkansas Rules and Regulations Examination must be re-taken and a score of eighty percent (80%) or higher achieved. A lay midwife with inactive status may not practice midwifery until reactivating the license.

## **206. REACTIVATION OF EXPIRED LICENSE**

After three (3) years, a license in inactive status automatically expires. To become re-licensed the lay midwife must successfully fulfill all of the requirements for initial licensure as outlined in Section 201, including providing documentation of a current CPM credential.

## **207. APPRENTICESHIPS**

An LLM will be responsible for notifying ADH of any apprentices accepted under her/his supervision prior to the apprentice providing any services. The Preceptor-Apprentice Agreement form provided should be used for this notification. Preceptors must meet all NARM preceptor requirements. Any changes in the apprentice's demographic information must be provided to ADH by the LLM within thirty (30) days of the status change. If the apprentice is still under the LLM's supervision after three (3) years, the LLM must complete a new form indicating this status.

Should the Preceptor-Apprentice Agreement be terminated by either party, it is the responsibility of the LLM to notify ADH immediately. An apprentice must not continue to perform under any other qualified preceptor(s) until a signed Preceptor-Apprentice Agreement is on file with ADH. A signed Preceptor-Apprentice Agreement for every preceptor, whether primary or secondary, whom an apprentice trains under must also be signed and sent to ADH within thirty (30) days of signing.

Apprentices shall follow all applicable Arkansas laws and these Rules and Regulations.

### **207.01 TRANSITIONAL APPRENTICE PERMIT RENEWAL**

For those apprentices currently holding valid Apprentice Permits, on or before the effective date of these regulations, the permit must be renewed by the permit's

expiration date. This application will be renewed upon favorable review by ADH. This review will assure that the lay midwife apprentice is acting under the supervision of the preceptor and in accordance with these Rules and Regulations. The permit will be valid until three (3) years from the effective date of these Regulations. If an apprentice has not obtained Arkansas licensure by that date, the applicant will no longer be considered a transitional apprentice and must follow the guidelines for licensure found in Section 201.

To renew the permit, the Apprentice shall submit the following evidence at least sixty (60) days before the expiration date of the permit:

1. A completed application in a format provided by ADH.
2. A passport style and size photo of the applicant, head and shoulders, taken within sixty (60) days of the submission date of the application and attached to the application.
3. A copy of one of the following documents that demonstrates the applicant is eighteen (18) years of age or older:
  - a. The applicant's birth certificate.
  - b. The applicant's U.S. passport, U.S. Driver's License or other state-issued identification document.
  - c. Document issued by federal, state or provincial registrar of vital statistics.
4. A copy of both sides of current certification that will be valid for at least the next three (3) months in both:
  - a. Adult and infant cardiopulmonary resuscitation (CPR). Approved CPR courses include the American Heart Association and the American Red Cross. Note: Only certifications from courses which include a hands-on skills component are accepted. Online-only courses are not accepted.
  - b. NRP certification through a course recognized by the American Academy of Pediatrics. Note: Certification course contains both online and hands-on skills training.
5. Documentation of clinical experience for the time period covered for this licensing period. This includes progress made toward licensure for those years, i.e. number of AP visits conducted, labor managements and deliveries, newborn evaluations and postpartum examinations conducted under supervision.
6. Verification of current Apprentice-Supervisor/Preceptor relationship.

## **300. PROTOCOLS**

Section 300 of these Regulations comprises the Licensed Lay Midwife Protocol.

### **301. REQUIREMENTS FOR LICENSED LAY MIDWIFERY PRACTICE**

The following requirements must be met before a lay midwife can legally accept a client.

1. Licensing – The lay midwife must possess a current Arkansas Lay Midwife License,. See Section 200.
2. Protocol – The LLM must adhere to the Lay Midwife Protocol as outlined in these Rules and Regulations.
3. Disclosure Form - At the time a request is made for care, the LLM must discuss certain information concerning LLM assisted home deliveries with the client. This discussion must be documented by use of a standard disclosure form developed by ADH. This form can be found in the Appendix to these Rules and Regulations. It must be signed and dated by the client at the same time the midwife and client enter into an agreement for services and sign a contract. This form must be filed in her medical records and noted on the next caseload and birth report log sent to ADH by the midwife.

The disclosure form will include, but is not limited to the following:

- a. The LLM has a protocol specified by ADH that she must follow regarding care for potentially serious medical conditions.
- b. When a patient client chooses midwifery care, she must accept the requirements laid out in the Regulations or seek another source of care. Clients may be discharged from care.
- c. Risks and benefits of home birth.
- d. Risks and benefits of hospital delivery.
- e. Factors which preclude a home birth.
- f. Medical conditions which may occur during labor or birth that would require physician consultation or transport to a hospital and referral to a physician or CNM.





- b. Making an attempt to tell the client in person and in the presence of a witness of the midwife's wish to terminate care;
- c. Providing referrals; and
- d. Documenting the termination of care in the LLM's client medical records.

## **302. PROTOCOL FOR REQUIRED ANTEPARTUM CARE**

### **302.01 RISK ASSESSMENT(S):**

Risk assessments shall be performed by a physician, a CNM or an ADH clinician. The purpose of these visits is to assure that the client has no potentially serious medical conditions and has no medical contraindications to home birth. Each risk assessment must be filed in the client's medical record.

The risk assessments must be comprehensive enough for the LLM to identify potentially dangerous conditions that may preclude midwife care, or that require physician or CNM consultation.

Each client must be evaluated by a physician, a CNM, or an ADH clinician at the following times:

1. At or near the time care is initiated with the LLM, and the evaluation must include Required Antepartum Services listed in Section 302.02.
2. Again at or near the 36<sup>th</sup> week of gestation and must include:
  - a. Review of the client's complete prenatal record
  - b. Review of the results of all prenatal testing
  - c. Interval medical and obstetrical history
  - d. Review of systems
  - e. Pertinent physical examination, including:
    - i. Measurements of blood pressure, weight
    - ii. Fundal height
    - iii. Estimated gestational age

iv. Fetal presentation/position

f. Group B Strep testing, according to ADH approved guidelines.

3. At 41 weeks 0/7 days of gestation, the requirements for the 36<sup>th</sup> week assessment are repeated and may include additional tests and/or procedures. A documented plan for care beyond 41 weeks 0/7 days gestational age must be submitted to ADH as an additional required report. If a referral or the 41 weeks 0/7 days risk assessment is not made, or if the clinician advises against home delivery, the client must be transferred.
4. The LLM is responsible for reviewing the risk assessment data and insuring that her client is low risk for home delivery. The LLM must base her decision on all information, results and recommendations received from the clinician performing the risk assessment. However, any statement in the client's record by a physician, CNM or ADH clinician indicating that the client is NOT suitable for homebirth takes precedence over the LLM's determination."

302.02 REQUIRED ANTEPARTUM SERVICES AT OR NEAR THE INITIATION OF CARE

The LLM must ensure each client receives from a physician, CNM, or ADH clinician, the following services at or near the initiation of care. Exceptions to these required services are at the discretion of the physician, CNM, or ADH clinician who performs the risk assessment and must be documented in the client's medical record.

1. Medical, obstetrical and nutritional history. The history must be comprehensive enough to identify potentially dangerous conditions that may preclude midwife care, or that require physician or CNM consultation.
2. A physical examination comprehensive enough to identify potentially dangerous conditions that may preclude Midwife care.
3. Estimation of gestational age.
4. Measurements of blood pressure, height and weight.
5. Prenatal Testing:
  - a. Pap test/HPV test.
  - b. Test for Gonorrhea and Chlamydia.

- c. Blood sample for blood group and Rh determination and antibody screen.
- d. CBC with platelets or hematocrit or hemoglobin.
- e. Test for Syphilis.
- f. Urine culture.
- g. Blood Sugar: test according to national standards as approved by ADH.
- h. Hepatitis B test.
- i. Counsel client concerning maternal serum genetic testing, if before 20 weeks gestation.
- j. Rubella test if previous immunity not documented.
- k. HIV counseling and test.

### 302.03 COLLECTION OF LABORATORY SPECIMENS

For LLMs who are trained in the collection of laboratory specimens, and collect the specimens themselves, the specimens must be submitted to a standard lab. The reports and test results must be reviewed and interpreted by a physician, CNM or ADH Clinician. All reports and test results, including reviews and interpretations, must be recorded in the client record.

If blood sugar testing is performed by the LLM, he/she shall use only a CLIA-waived device approved by the FDA for diagnosis (e.g. HemoCue Blood Glucose Analyzer), and follow the ADH approved standards.

### 302.04 ROUTINE ANTEPARTUM LICENSED LAY MIDWIFE CARE

#### 1. Frequency of Visits

Routine antepartum visits must be made at least approximately every four (4) weeks during the first 28 weeks of gestation, approximately every two (2) weeks from the 28th to 36th weeks, and weekly thereafter until delivery.

#### 2. Routine Visit Services

At each visit the LLM will perform and record the following services:

- a. Weight.
- b. Blood pressure.
- c. Fundal height.
- d. Determination of fetal position.
- e. Urine testing for glucose, protein, and nitrites.
- f. Fetal heart rate.
- g. Medical and nutritional history since last visit.
- h. Check for edema of legs, face and/or hands.

The LLM will transfer care of the client immediately to a physician if any conditions precluding LLM care are noted (See Section 303.01).

#### 302.05 REQUIRED ANTEPARTUM SERVICES AT 24 TO 28 WEEKS GESTATION

1. Except for women with known gestational diabetes all women must be screened for gestational diabetes between 24-28 weeks according to national standards approved by ADH.
2. All women with negative Rh factor must be treated as follows:
  - a. Repeat antibody screening at 28 weeks. If it is negative, advise client that an Rh immunoglobulin injection is recommended. If the client is enrolled in a local health unit maternity clinic, an Rh immunoglobulin can be obtained at the clinic, otherwise she must be referred to a physician or CNM to obtain the Rh immunoglobulin.
  - b. If antibody screen is positive, consult or refer her to a physician or CNM immediately.
  - c. If client declines Rhogam, the LLM is responsible for providing the client with written information provided by ADH outlining the risks of isoimmunization and the benefits of Rh immunoglobulin. Copy of signed refusal form needs to be filed in client's record and documented on chart.
3. Repeat testing for CBC with platelets.

## 302.06 REQUIRED ANTEPARTUM SERVICES AT 35 TO 37 WEEKS GESTATION

1. Screening for Group B Strep according to ADH approved guidelines.

## 302.07 ANTEPARTUM PREPARATION FOR HOME BIRTH

### 1. Pre-Delivery Home Visit

The LLM is required to make, prior to delivery, at least one visit to the home where the birth will take place.

The LLM should inform the client of the equipment and supplies that must be available at the time of delivery. She should instruct the client and family of requirements for an aseptic delivery site.

### 2. Obtaining ADH Newborn Care Package

The Newborn Care Package provided by ADH contains the required newborn medications and is available to all LLM clients. If the mother chooses to obtain the newborn medication from ADH, she must notify the local health unit in sufficient time to allow the local health unit one month to obtain the medications

### 3. Obtaining Medications for Newborn

- a. The LLM must advise the client that the newborn may need either Erythromycin 0.5% Ophthalmic or Tetracycline 1.0% Ophthalmic in individual dose packaging for newborn eye. The mother may obtain a suitable medication before 37 weeks 0/7 days of the pregnancy either by prescription from a private physician, CNM or other licensed prescriber, or by prior arrangement with a local health unit.
- b. The LLM must advise the client that the infant should receive Vitamin K as soon as possible after birth. The medication should be obtained by prescription before 37 weeks 0/7 days of pregnancy from a private physician, CNM or other licensed prescriber or by prior arrangements with a local health unit.
- c. The LLM must advise the client that:
  - i. All medications must be administered to the newborn by a person licensed by the state of Arkansas to administer medications (nurse, physician) and that prior arrangements should be made in order to

assure the licensed person will be available to administer the medications soon after birth, or

- ii. The client has the option to administer the medications to her newborn with instructions from the licensed prescriber (physician, CNM, or ADH clinician).

4. Obtaining Intrapartum and Postpartum Medications for Mothers

The LLM will discuss with her client the protocol for each of the following medications that require the client to make arrangements, prior to the onset of labor, in order to obtain the prescriptions and establish a plan for the administration of medications:

- a. Rh immunoglobulin for Rh negative mothers with an Rh positive newborn
- b. GBS prophylaxis according to ADH approved guidelines.
- c. Cetacaine (benzocaine 14%) available in gel form, solution or spray that may be used for the repair of 1st and 2nd degree lacerations by the LLM after birth.

5. Preparing Bottle-feeding Mothers

- a. Commercially prepared, client-selected formula shall be available for the bottle fed newborn for an initial feeding within the first two to three hours after birth.
- b. Client-selected formula must be available for newborn feedings.

6. Education of Client for Required Genetic/Metabolic Screening

The LLM is responsible for advising the client of the law that requires newborn screening (A.C.A. § 20-15-302) and the procedure for conducting newborn screening.

7. Completion of Newborn Hearing Screening

The LLM is responsible for advising the client of the newborn infant hearing screening law (A.C.A. § 20-15-1101 et seq.) and the available resources to obtain the newborn hearing screen. Information and the form to be completed may be obtained online from the ADH Infant Hearing Program.

8. Preparation for Well-Baby Care

The LLM is responsible for advising the mother that beyond the first fourteen (14) days of life, the LLM does not provide well-baby care. The mother should plan for on-going well-baby/child care.

9. Preparation for Secondary Prevention of Newborn Early-Onset Group B Strep Disease

The midwife shall advise the mother of the necessity for newborn evaluation by a physician within 24 hours of birth when:

- a. Maternal GBS status is unknown and membranes are ruptured in labor > 18 hours before birth. Refer to Section 309.02 (8).
- b. The mother has indications for GBS prophylaxis in labor, regardless of adequate antibiotic treatment prior to birth and regardless of the presence or absence of symptoms of illness. Refer to Section 303.03 (2).

### **303. PROTOCOLS FOR ANTEPARTUM CONDITIONS REQUIRING INTERVENTION**

Each client is to have a risk assessment (see Section 302.01) documented by a physician, CNM, or ADH clinician at or near the initiation of care and again around the 36<sup>th</sup> week. The following sections detail the actions to be followed by the LLM if the client exhibits or develops one of the specified conditions. The LLM will refer women for medical evaluation as soon as possible after the condition is identified. The LLM is expected to use her/his judgment regarding the need for consultation, referral, or transfer when problems arise that are not specified in these Rules and Regulations. In addition to the birth log, such care will be documented on an additional incident report and submitted to ADH.

#### **303.01 CONDITIONS PRECLUDING MIDWIFE CARE**

The following conditions preclude midwife care and care must be transferred. There may be additional high risk conditions judged by either a physician, CNM, ADH clinician, or LLM that also preclude midwifery care.

1. Previous cesarean delivery
2. Multiple gestation
3. Documented placenta previa in the third trimester
4. Insulin-dependent diabetes

#### **303.02 PRE-EXISTING CONDITIONS REQUIRING ANTEPARTUM CONSULTATION, REFERRAL, OR TRANSFER OF CARE**



If any of the following pre-existing conditions are identified the client must be examined by a physician or CNM, or ADH clinician. A plan of care for the condition must be established, including a plan of care for transfer, if indicated, and execution of the plan of care must be documented. Midwives caring for these clients will be required to submit additional incident reports to ADH. If a referral is not made or if the clinician advises against home birth, the care must be transferred immediately to a physician or CNM.

1. Heart disease
2. Epilepsy
3. Diabetes
4. Neurological disease
5. Sickle cell or other hemoglobinopathies
6. Cancer
7. Psychiatric disorders
8. Active tuberculosis
9. Chronic pulmonary disease
10. Thrombophlebitis
11. Endocrinopathy
12. Collagen vascular diseases or other severe collagen disease
13. Renal disease
14. Hypertension
15. Drug or alcohol use during current pregnancy
16. Significant congenital or chromosomal anomalies
17. History of postpartum hemorrhage not caused by placenta previa or abruption
18. Rh negative isoimmunization (positive Coombs)
19. Structural abnormalities of the reproductive tract including fibroids

20. Lack of documented prenatal care by a physician, CNM or ADH clinician prior to 24 weeks 0/7 days
21. HIV positive or AIDS
22. Previous infant with GBS disease
23. History of unexplained perinatal death
24. History of seven (7) or more deliveries
25. Maternal age greater than or equal to forty (40) at estimated date of delivery
26. Previous infant weighing less than five (5) pounds or more than ten (10) pounds
27. Previous surgery involving the uterus or cervix.
28. Pregnancy loss  $\geq$  three (3)

### 303.03 ANTEPARTUM CONDITIONS REQUIRING CONSULTATION, REFERRAL OR TRANSFER OF CARE

If any of the following antepartum conditions are identified, a physician/CNM consultation, referral or transfer is required and the client must be examined by a physician or CNM currently practicing obstetrics. ADH clinicians may accept referrals per ADH protocol. A plan of care for the condition must be established, and execution of the plan must be documented. Midwives caring for these clients shall submit additional required incident reports to ADH. If a referral is not made or if the clinician advises against home delivery the client must be transferred immediately to a physician or CNM.

1. A sudden decrease in fetal movement or kick count of less than 10 per hour after 27 weeks 6/7 days.
2. Group B Strep Prophylaxis Indications. CDC approved Group B Strep intrapartum prophylaxis (per ADH approved guidelines) must be obtained for the clients listed below (A-D). Clients who refuse antibiotics will be transferred from midwife care to a physician for hospital care unless a physician agrees to supervise the LLM care of the client. The plan of care agreed to by the physician and the midwife must be documented and submitted as an additional report to ADH.

- A. Clients who test positive for Group B Strep in the urinary tract at any time in the current pregnancy (regardless of repeated testing that is negative for Group B Strep). Vaginal/rectal testing for Group B Strep is not indicated when the urine testing is positive for Group B Strep in the current pregnancy.
  - B. Clients who test positive for Group B Strep in the vagina and/or rectum at any time in the current pregnancy (regardless of repeated testing that is negative for Group B Strep).
  - C. Clients with positive history of birth of an infant with early-onset Group B Strep disease.
  - D. Clients with antepartum Group B Strep culture status that is unknown at the time of labor onset and:
    - i. Temperature in labor ( $\geq 100.4$  degrees F) or
    - ii. Rupture of membranes  $> 16$  hours (Refer to 305.01 Immediate Transport #12) prophylactic antibiotics are indicated by 18 hours of ruptured membranes) or
    - iii. Preterm labor ( $< 37$  weeks 0/7 days of gestation)
3. Cervical effacement or dilatation prior to 37 weeks 0/7 days
  4. Late term pregnancy greater than 41 weeks 0/7 days. The third risk assessment is required at 41 weeks 0/7 days, or transfer of care (see Section 302.01. #3), and should be included with report)
  5. Herpetic outbreak
  6. Clients with a previous preterm delivery must be co-managed until 37 weeks 0/7 days
  7. Suspected or confirmed fetal death
  8. Vaginal bleeding heavier than a normal period
  9. Persistent or significant weight loss after the first trimester
  10. Abnormal weight gain
  11. Symptoms of vaginitis refractory to treatment
  12. Symptoms of UTI refractory to treatment
  13. Hematocrit of  $< 30$  or hemoglobin of  $< 10$ , or platelets  $< 100,000$
  14. Hyperemesis with weight loss
  15. Two blood pressure readings at least one hour apart of systolic  $\geq 140$  or diastolic  $\geq 90$

16. Size/date discrepancy of three (3) or more weeks on two successive exams
17. Positive antibody screen
18. Abnormal Pap test
19. Sexually transmitted infection
20. Ruptured membranes without onset of labor within 24 hours and Group B Strep testing is negative. Refer to 303.03 (2) for mothers that are GBS positive or have unknown GBS status.
21. Signs and symptoms of pre-eclampsia
22. Fetal heart rate below 110 bpm or above 160 bpm
23. Spontaneous rupture of membranes prior to 37 weeks 0/7 days
24. Gestational Diabetes, as defined by ADH approved guidelines
25. Rh negative mothers with abdominal trauma, with or without antepartum bleeding.
26. Position other than vertex any time after 33 weeks 6/7 days

### **304. PROTOCOL FOR REQUIRED INTRAPARTUM CARE**

#### **304.01 INITIAL LABOR ASSESSMENT**

As soon as possible following the onset of active labor (5-6 cm with regular and painful contractions) or as soon as possible following the pre-labor rupture of membranes, the LLM must assess and record:

1. Physical conditions including temperature, pulse, respiration, blood pressure and urinalysis for glucose and protein.
2. Labor status including assessment of contractions, status of membranes, cervical dilatation and effacement.
3. Fetal position, station, size, presenting part and heart rate. Establish a fetal heart rate baseline by checking rate and rhythm every 15 minutes for the first hour of observation.

4. In case of suspected pre-labor rupture of membranes, avoid digital exams unless the client is in active labor or delivery is imminent. A sterile speculum examination is advised to inspect for umbilical cord prolapse and to assess the cervix.

### 304.02 MANAGEMENT OF LABOR

1. First stage. The LLM must assess and record:

A. Fetal heart rate and rhythm immediately following a contraction:

- i. At least every hour until five to six (5-6) centimeters, then
- ii. At least every thirty (30) minutes until cervix is completely dilated; and
- iii. Rule out prolapsed cord by checking fetal heart rate and rhythm immediately after rupture of membranes and during and after the next two contractions.
- iv. After any treatment, procedure or intervention,
- v. When there is a change in contractions or labor pattern, and
- vi. When there is any indication that a medical or obstetrical complication is developing.

B. Duration, interval and intensity of uterine contractions at least every two (2) hours or more frequently if indicated.

C. Maternal blood pressure and heart rate in active labor:

- i. Every two (2) hours, or more frequently if indicated.
  - a. Blood pressure every fifteen (15) minutes when there is a systolic reading of  $\geq 140$  or a diastolic of  $\geq 90$ .
  - b. Heart rate every 15 minutes when maternal heart rate is  $< 70$  or  $> 110$ .

D. Temperature:

- i. Every two (2) hours in active labor,
- ii. Every two (2) hours following rupture of membranes,

- iii. Every thirty (30) minutes when oral temperature is 99.5° F or higher.
2. Second stage and third stage. The LLM's duties include but are not limited to assessment and documentation:
    - a. That labor is progressing.
    - b. Of maternal and fetal well-being including fetal heart rate at least every 15 minutes or more frequently if indicated.
    - c. Delivering the newborn and placenta.

All services should be provided in a supportive manner and in accordance with these Rules and Regulations.

### **305. PROTOCOLS FOR INTRAPARTUM CONDITIONS REQUIRING PHYSICIAN OR CNM INTERVENTION**

#### **305.01 IMMEDIATE TRANSPORT**

The following INTRAPARTUM conditions preclude midwifery care, and when identified, the client must be transported to the planned hospital by the most expedient method of transportation available to obtain treatment/evaluation:

1. Position other than vertex;
2. Active genital herpes lesions;
3. Labor prior to 37 weeks gestation;
4. Bleeding in labor that exceeds scant amount with each cervical examination;
5. Thick meconium if birth is not imminent;
6. Prolapsed Cord;
7. Non-Reassuring FHR Patterns (Category II or Category III) that are repetitive and do not promptly respond to maternal position changes, unless birth is imminent. (Category I FHR patterns are reassuring and are not an indication to transport.) Characteristics of Category II and III include:
  - a. Variable decelerations: Abrupt decreases in the FHR by 15 bpm or more lasting 15 seconds or more

- b. Late decelerations: Gradual decreases in the FHR occurring in the latter portion of the contraction, returning to baseline after the end of the contraction
  - c. Prolonged decelerations: A decrease in the FHR baseline by 15 bpm or more lasting between two (2) minutes and ten (10) minutes
  - d. Tachycardia: FHR baseline > 160 bpm
  - e. Bradycardia: FHR baseline < 110 bpm;
8. Signs of maternal infection - any of the following:
- a. Temperature of  $\geq 100.4$
  - b. Fetal tachycardia (baseline heart rate > 160)
  - c. Maternal tachycardia (heart rate > 110)
9. Signs of fetal infection: baseline FHR > 160 or a baseline FHR that is continually increasing;
10. Suspected or confirmed fetal death;
11. Two high blood pressure readings, meaning a systolic of  $\geq 140$  or a diastolic of  $\geq 90$ , two (2) hours apart unless birth is imminent.; or
12. Unknown GBS status prior to eighteen (18) hours of ruptured membranes, when delivery is not imminent (prophylactic antibiotics are indicated by eighteen (18) hours of ruptured membranes).

### 305.02 PHYSICIAN CONSULTATION

The following INTRAPARTUM conditions require consultation with a physician or CNM who has obstetrical privileges in a hospital within fifty (50) miles of the delivery site. A plan of care must be established and execution documented. Midwives caring for these clients will submit additional required incident reports. If consultation is not available the client must be transported to the hospital per the emergency plan. If the client's condition is not stable she should be transported to the nearest hospital.

- 1. Prolonged labor in a primagravida defined as:
  - a. more than 20 hours from onset of contractions to 5 centimeters
  - b. more than 17 hours from 5 centimeters to complete dilation

- c. more than 2.5 hours pushing
  - d. more than 1 hour from delivery of the infant to delivery of the placenta.
2. Prolonged labor in the multigravida defined as:
    - a. more than 14 hours from onset of contractions to 5 centimeters
    - b. more than 16 hours from 5 centimeters to complete dilation
    - c. more than 1 hour pushing
    - d. more than 1 hour from delivery of the infant to delivery of the placenta.

## **306. PROTOCOL FOR REQUIRED POSTPARTUM CARE**

### **306.01 IMMEDIATE CARE**

The LLM must remain in attendance for at least two (2) hours after the delivery and shall assess and record the following:

1. Immediately following the delivery of the placenta, the Midwife shall determine that the uterus is firmly contracted without excessive bleeding, ascertain that the placenta has been delivered completely, and determine the number of cord vessels.
2. Midwives may repair 1st and 2nd degree perineal lacerations. LLMs may apply topical Cetacaine (benzocaine 14% available in gel form, solution or spray) for repair of lacerations. Cetacaine requires a prescription from a physician, CNM or ADH clinician for the client and the prescription must be written in the client's name.
3. During the two (2)-hour postpartum period, the LLM shall assess, as needed: uterine firmness, vaginal bleeding, vaginal swelling and/or tearing, maternal blood pressure and pulse. The LLM shall remain in attendance until these signs are well within normal limits or until a physician or CNM is in attendance if they are found to be abnormal.
4. The LLM shall leave instructions for follow-up care that include signs and symptoms of conditions that require medical evaluation such as: excessive bleeding, increasing pain, severe headaches or dizziness and inability to void.

### **306.02 FOLLOW-UP POSTPARTUM CARE**

1. A follow-up home visit is performed at 12 to 36 hours postpartum to evaluate for excessive bleeding, infection, or other complications.



2. For all mothers with Rh negative blood and a newborn that is Rh positive, the midwife must counsel the mother to obtain postpartum Rh immunoglobulin within 72 hours of delivery.
3. The LLM is required to follow the mother for a minimum of thirty (30) days from delivery. Care shall include family planning counseling and education on the need for updated immunizations, including the rubella vaccine if susceptible. The final postpartum evaluation shall be performed at 4 to 6 weeks.

### **307. PROTOCOLS FOR POSTPARTUM CONDITIONS REQUIRING PHYSICIAN OR CNM INTERVENTION**

#### **307.01 IMMEDIATE TRANSPORT**

The following POSTPARTUM conditions preclude midwifery care and when identified, the client must be transported to the hospital by the most expedient method of transportation available to obtain treatment/evaluation:

1. Hemorrhage: estimated blood loss of 500 milliliters or more
2. Exhibiting signs of shock:
  - a. Systolic BP < 90
  - b. Diastolic BP < 60
  - c. Heart rate < 50 or > 120
  - d. Respiratory rate < 10 or > 30
  - e. Maternal agitation, confusion or unresponsiveness
3. Elevated BP:
  - a. Systolic  $\geq$  160
  - b. Diastolic  $\geq$  100
4. Third and fourth degree lacerations
5. Maternal temperature > 100.4 on two (2) occasions one hour or more apart
6. Inability to urinate by six (6) hours after delivery

### 307.02 CONSULTATION OR REFERRAL

The following POSTPARTUM conditions require consultation with a physician or a CNM. A plan of care must be established and execution documented. Midwives caring for these clients will submit additional required incident reports to ADH.

1. Signs and symptoms of postpartum infection:
  - a. Endometritis
  - b. Mastitis
  - c. Urinary tract infection
2. Signs and symptoms of sub-involution
3. Signs and symptoms of postpartum pre-eclampsia
4. Signs and symptoms of postpartum depression

### **308. PROTOCOL FOR REQUIRED NEWBORN CARE**

The LLMs shall be responsible for newborn care immediately following the delivery and up to the first fourteen (14) days of life. Subsequent infant care should be managed by a physician, or an APRN. This does not preclude the LLM from providing counseling regarding routine newborn care and breastfeeding. If any abnormality is suspected, including but not limited to a report of an abnormal genetic/metabolic screen or positive antibody screen, the newborn must be sent for medical evaluation as soon as possible.

#### 308.01 IMMEDIATE CARE

The following services must be provided by the LLM as part of immediate newborn care:

1. Suction nose and mouth prior to delivery of shoulders if needed.
2. Assess presence of meconium.
3. Assess baby's status at birth as vigorous or non-vigorous.
4. Immediately after delivering entire body, suction mouth, then nose again if needed.

5. Clamp and cut the cord.
5. Directly place baby skin-to-skin with mother, covering baby with a blanket. The baby should remain in direct skin-to-skin contact with their mother immediately after birth until the first feeding is accomplished.
6. Determine Apgar scores at one (1) and five (5) minutes after delivery while baby is with mother.
7. Routine care can be done with the baby and mother in skin-to-skin contact to insure warmth. Observe and record:
  - a. Skin color and tone.
  - b. Heart rate.
  - c. Respiration rate and character.
  - d. Estimated gestational age. Indicate average, small or large for gestational age.
  - e. Temperature, note if rectal or axillary.
  - f. Weight, length, head circumference.
8. Obtain cord blood for Rh and antibody screen if mother is Rh negative.

#### 308.02 FEEDING

Infant should be placed at the breast as soon as stable after delivery. The bottle fed infant should be offered formula of choice within the first two to three hours after birth. Instruct the mother in normal and abnormal feeding patterns.

#### 308.03

If indicated, the LLM must assure that the infant receives either Erythromycin 0.5% Ophthalmic or Tetracycline 1.0% Ophthalmic within 1 hour of birth. If the infant does receive the drug, the LLM shall document this in the client's medical record.

#### 308.04

The LLM must assure that the infant receives Vitamin K within two (2) hours of birth. If Vitamin K is not administered, the LLM must document this in the client's medical record.

### 308.05 NEWBORN SCREENING

A. Genetic/Metabolic Screening:

All infants must have a capillary blood sample for the newborn screening as mandated by law and as specified on the ADH collection form, within the required time frame. Information can be obtained by contacting the ADH Newborn Screening program.

B. Newborn Hearing Screening:

The LLM must instruct the mother in available resources to obtain the newborn hearing screen. Assistance in completing and submitting the required form can be obtained by contacting the ADH Infant Hearing Program.

### 308.06 CORD CARE

The Midwife must instruct the mother in routine cord care.

## **309. PROTOCOLS FOR NEWBORN CONDITIONS REQUIRING PHYSICIAN INTERVENTION**

### 309.01. IMMEDIATE TRANSPORT

The following NEWBORN conditions, when identified, require immediate transport of the infant to the hospital by the most expedient method of transportation available to obtain treatment/evaluation. LLMs that participate in the care of these newborns are required to submit additional reports.

1. Respiratory distress
2. Central cyanosis
3. Seizures
4. Temperature outside the normal range of 97.7F(36.5C) – 99.3(37.4C) for all infants measured per axilla warrants appropriate corrective measures and repeating hourly times two (2). Three (3) persistently out of range temperatures warrant transfer.
5. Jaundice at 0 to 24 hours
6. Apgar score of < five (5) at one minute or < seven (7) at five minutes

7. Apnea lasting > ten (10) seconds
8. Heart rate > 160 bpm or <100 bpm
9. Pallor and poor capillary refill
10. Poor suck or refusal to feed
11. High-pitched cry
12. Any significant congenital anomaly including ambiguous genitalia
13. Skin with bruises or petechiae
14. Poor response to sound or touch
15. Poor tone (floppy)

#### 309.02. PHYSICIAN CONSULTATION

The newborn must be weighed weekly and regain birth weight by fourteen (14) days of age. During the first two (2) weeks of life, then infant should be immediately referred to a pediatric or family medicine provider for any illness or abnormal physical finding. The infant should also be referred if there are any concerns about growth, feeding, elimination, development, or abnormal screening results.

The following NEWBORN conditions require immediate (unless otherwise indicated) consultation with a physician whose practice includes pediatrics. A plan of care must be established and execution documented. Midwives caring for these infants will be required to submit additional required reports to ADH. If consultation is not available the infant must be transported to the hospital listed in the plan of care.

1. Jaundice at 24 to 48 hour of life
2. No urination at 12 hours of life
3. Birth weight of less than 5 ½ pounds or more than 10 pounds
4. Abnormal cry
5. No stool after 48 hours
6. Vomiting after feedings

7. Tachypnea of greater than 60 breaths per minute after 4 hours of life
8. Mother's membranes ruptured for more than 18 hours and unknown GBS status.
9. Infant born to mother with indications for GBS prophylaxis in labor that did not receive antibiotics  $\geq 4$  hours prior to birth (per ADH approved guidelines).
10. Jittery
11. Floppy
12. Eye rolling

#### **400. EMERGENCY MEASURES**

The LLM must consult a licensed physician or CNM whenever there are significant deviations from normal in either the mother or the infant, and must act in accordance with the instructions of the physician or CNM. In those situations requiring transport to a hospital, the LLM must notify the emergency room or labor and delivery unit of the designated hospital of an imminent transport and provide a copy of the complete medical record to the appropriate staff at the receiving facility.

- A. The LLM is expected to use her/his judgment regarding the need for referral and/or emergency transport when problems arise that are not specified in the protocol.
- B. Any authorized or unauthorized emergency measures must be reported to ADH in an incident report (form provided by ADH). In the case of actions/procedures authorized by a physician or CNM in the case of a specific emergency, the LLM will document these orders with an order signed by the physician or CNM and submit it to ADH on the 10<sup>th</sup> of the following month.

#### **500. RECORD KEEPING AND REPORTING REQUIREMENTS**

##### **501. MONTHLY REPORTS**

- A. A monthly reporting log, referred to as the Caseload and Birth Log, will be maintained and sent to ADH postmarked no later than the 10<sup>th</sup> of each month regardless of any changes or additions to the Log. Log forms will be provided by ADH. The log will include the names of all clients in the midwife's caseload and births that month as well as report clients who were referred, transported, lost to follow-up, or for other reasons not attended by the LLM at birth.

- B. The LLM will use the Caseload and Birth Log to document care of a woman receiving prenatal care from the LLM for more than four (4) weeks of the gestational period or by the second visit, whichever comes first, regardless of whether or not the LLM attended the birth. Each woman receiving care for more than four (4) weeks shall be listed on the Caseload and Birth Log in the following month of care.

## **502. INCIDENT REPORTS**

- A. When a complication occurs (whether or not the complication resulted in a consultation, referral, transfer or transport and whether or not the LLM remained in attendance) the care must be documented in greater detail using forms provided by ADH. These forms will be sent to ADH on the 10<sup>th</sup> of the month following the event.
- B. When a midwife's client delivers outside the hospital without attendance by an LLM, the midwife must submit an incident report describing the circumstances and outcome of the unattended birth. The report will be sent to ADH by the 10<sup>th</sup> of the month following the event.

## **503. RECORD AUDITS**

ADH will audit selected records from each LLM's practice each year. The purpose of the audit will be to confirm compliance with these Rules and Regulations. The midwife will be required to submit the records for each client selected by ADH for auditing.

## **504. DOCUMENTATION BY LICENSED LAY MIDWIFE APPRENTICES**

- A. LLMs supervising an apprentice midwife should record the name of the apprentice on the Birth Log when the apprentice provided care during the intrapartum and immediate postpartum period. Because the LLM is responsible for the clinical work of her or his apprentices, all reports will be filed in the attending LLM's name.
- B. Clinical services provided by apprentice midwives shall be documented by the apprentice in the client record and co-signed by the LLM. Initials may be used providing the initials clearly identify the person providing care.

## **505. REPORTING MATERNAL, FETAL, OR NEWBORN EVENTS**

The LLM is required to track maternal and newborn events for thirty (30) days unless care is terminated by the client. Maternal events, pregnancy loss at any gestational

age, or newborn events must be reported according to the following schedule. In each of these instances, LLMs will complete the required incident report and submit it, with a complete copy of the client record, to ADH.

- a. Complications resulting in the death of a mother, and/or newborn within 48 hours of delivery must be reported to ADH within two (2) business days;
- b. Deaths that occur between two (2) through thirty (30) days of birth will be reported to ADH within five (5) business days;
- c. Hospitalizations that occur within thirty (30) days of delivery must be reported to ADH within five (5) business days.

#### **506. CLIENT HEALTH RECORD**

The LLM is responsible for ensuring that all required services are documented on client records maintained by the LLM. The records will remain confidential. They are subject to periodic review by ADH staff. All client records must be maintained for 25 years.

#### **507. VITAL RECORDS**

The LLM must complete and submit vital records in accordance with applicable laws.

### **600. ADH RESPONSIBILITIES**

#### **601. GRANTING PERMITS AND LICENSES**

Staff of the Women's Health Section shall review applications for licensure and issue licenses or permits.

#### **602. REGISTRATION LISTING**

ADH shall maintain a list of all LLMs and Apprentice Midwives in the State of Arkansas.

#### **603. MONITORING OUTCOMES**

ADH shall monitor perinatal outcomes of home births attended by LLMs and publish these statistics annually.

ADH shall also review LLMs' records to assure that such Midwives are practicing within regulatory guidelines and standards of care.



**604. INVESTIGATION**

ADH will conduct investigations regarding complaints or deviations from the Regulations.

It shall be departmental policy to use its discretionary right to consider all available information that is relevant and material to the investigations.

Where, in the opinion of the Director of ADH, the public’s health, safety or welfare imperatively requires emergency action, ADH may temporarily suspend the license of a midwife pending proceedings for revocation or other action. All proceedings initiated under this provision shall be promptly instituted and determined. The licensee may requires a hearing on a temporary suspension with five (5) days of receiving notice.

**605. ADMINISTRATION OF TESTS**

ADH shall administer the Arkansas Rules and Regulations Examination. The national certification examination provided by ADH recognized certification bodies will be administered at a test site arranged by those organizations.

**700. SEVERABILITY.**

If any provision of these Rules and Regulations, or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or applications of these Rules and Regulations which can give effect without the invalid provisions or applications, and to this end the provisions hereto are declared to be severable.

**800. REPEAL.**

All Regulations and parts of Regulations in conflict herewith are hereby repealed.

**900. CERTIFICATION**

This will certify that the Regulations Governing Licensed Lay Midwife Practice was prepared pursuant to A.C.A. 20-7-109 et seq. and A.C.A. 17-85-101 et seq. A public hearing was held on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

This will also certify that the foregoing Rules and Regulations Governing Licensed Lay Midwife Practice in Arkansas were adopted by the Arkansas Board of Health at a regular session of same held in Little Rock, Arkansas on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Dated at Little Rock, Arkansas this \_\_\_\_\_ day of \_\_\_\_\_.

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Nathaniel Smith, MD, MPH  
Director, Arkansas Department of Health  
Secretary of Arkansas State Board of Health

9/2/16 DRAFT

## **APPENDIX A:**

### **TRANSITIONAL PROVISIONS**

Apprentices with active permits issued prior to the effective date of these regulations, henceforth referred to as “Transitional Apprentices”, will have three (3) years from the date these regulations take effect to successfully complete and submit an application for lay midwifery licensure to ADH, and request approval to sit for the NARM written examination under the requirements listed in this appendix. If they have not done so by that date, it will be necessary for the applicant to fulfill the requirements listed in Section 201.

Transitional apprentices who are approved by ADH to sit for, and who pass, the NARM written examination will be issued a license upon completion of all other requirements.

A transitional apprentice who receives licensure must go through NARM and become certified as a CPM in order to be eligible to renew their license. License renewal will follow the procedures outlined in Section 202.

Eligibility requirements for approval for transitional apprentices to sit for the NARM written examination:

- A. A completed application in a format provided by ADH.
- B. Additional documentation as follows:
  1. A passport style and size photo of the applicant, head and shoulders, taken within sixty (60) days of the submission date of the application and attached to the application.
  2. A copy of one of the following documents that demonstrates the applicant is 21 years of age or older:
    - a. The applicant’s birth certificate.
    - b. The applicant’s U.S. passport, U.S. Driver’s License or other state-issued identification document.
    - c. Any document issued by federal, state or provincial registrar of vital statistics showing age.
  3. A copy of both sides of current certification that will be valid for at least the next three (3) months in both:
    - a. Adult and infant cardiopulmonary resuscitation (CPR). Approved CPR courses include the American Heart Association and the

American Red Cross. Note: Only certification from a course which includes a hands-on skills component is accepted. Online-only courses are not accepted.

- b. NRP certification through a course recognized by the American Academy of Pediatrics. Note: Certification course contains both online and hands-on skills training.
4. Documentation of a high school diploma, or its equivalent, and documentation of the highest degree attained after high school. This documentation should include the name of the issuing school or institution and the date issued. Applicant's name must be the same as on the copy of the diploma or degree. If applicant's name is not the same, applicant must submit proof of name change with application.
5. Certificate of completion of an ADH approved HIPAA training course.
6. Verification of professional health-related licensure in other jurisdictions may be requested by ADH.

#### C. Documentation of Practical Experience

Applicants for licensure must demonstrate competency in performing clinical skills during the antepartum, intrapartum, postpartum, and the immediate newborn periods. Each applicant must successfully complete an evaluation of clinical skills. The applicant must submit a statement that the following minimal practical experience requirements have been performed under the supervision of a physician, CNM, or LLM.

These forms should be submitted only after the applicant has a "pass" on each item, except for certain emergencies that may not occur during a preceptorship. The following required forms must be:

1. Clinical Experience Documentation for Births as a Primary Midwife form
2. Preceptor Verification Form for Licensed Lay Midwife Application
3. Documentation of Acquisition of Clinical Knowledge and Skills (completed by each Preceptor Midwife)
  - a. The applicant must attend a minimum of 20 births as an active participant.
  - b. Functioning in the role of primary Lay Midwife under direct on site supervision, the applicant must attend a minimum of an additional 20 births, of these:

- i. A minimum of 10 must occur in an out-of-hospital setting and
- ii. A minimum of 3 must include at least 4 prenatal exams, birth attendance, the newborn exam, and 1 postpartum exam, each conducted personally by the applicant with direct supervision.
- iii. 75 prenatal exams, including 20 initial exams
- iv. 20 newborn exams
- v. 40 postpartum exams

#### D. Licensing Examination

1. After the provisions listed above are satisfactorily completed, the applicant is eligible to take the NARM licensing exam.
2. Upon receipt of documentation that the applicant has passed the NARM examination the applicant is eligible to take the Arkansas Rules and Regulations Examination.
4. The applicant shall take the Arkansas Rules and Regulations Examination which will be administered at the ADH Central Office in April, August and December each year on the date chosen and publicized by ADH.
3. The applicant:
  - a. Shall provide proof of identity by a government-issued photographic identification card upon the request of the individual administering the test.
  - b. May take the Arkansas Rules and Regulations Examination up to two (2) consecutive times.
4. If an applicant scores eighty percent (80%) or higher correct answers on the Arkansas Rules and Regulations Examination, ADH shall provide to an applicant a written notice of examination results and a license will be issued.
5. For the applicant that scores less than eighty percent (80%) on two consecutive tests, the applicant must wait a minimum of one hundred eighty (180) days before re-applying.

APPENDIX B  
CALCULATIONS FOR NUMBER OF CEUS REQUIRED FOR LLM RENEWAL OF  
LICENSE BASED ON ALL BEING RENEWED IN AUGUST EVERY 3 YEARS.

Months since license was issued	Number of CEUs required
36	30 hours
35	29 hours
34	28 hours
33	27 hours
32	27 hours
31	26 hours
30	25 hours
29	24 hours
28	23 hours
27	23 hours
26	22 hours
25	21 hours
24	20 hours
23	19 hours
22	18 hours
21	17 hours
20	17 hours
19	16 hours
18	15 hours
17	14 hours
16	13 hours
15	12 hours
14	11 hours
13	10 hours
12	10 hours
11	9 hours
10	8 hours
9	7 hours
8	6 hours
7	5 hours
6	4 hours
5	3 hours
4	3 hours
3	2 hours
2	1 hours
1	0 hours