TITLE 9. HEALTH SERVICES

CHAPTER 16. DEPARTMENT OF HEALTH SERVICES – OCCUPATIONAL LICENSING

ARTICLE 1. LICENSING OF MIDWIFERY

Section

R9-16-101. Definitions
R9-16-102. Application for Initial Licensure
R9-16-103. Renewal
R9-16-104. Administration
R9-16-105. Continuing Education
R9-16-106. Name Change; Duplicate License
R9-16-107. Time-frames
Table 1.1. Time-frames (in calendar days)
R9-16-108. Responsibilities of a Midwife; Scope of Practice
R9-16-109. Prohibited Practice; Transfer of Care
R9-16-110. Required Consultation
R9-16-111. Emergency Measures
R9-16-112. Midwife Report
R9-16-113. Client and Newborn Records
R9-16-114. Denial, Suspension, or Revocation of License; Civil Penalties; Procedures
R9-16-115. Midwifery Advisory Committee

DRAFT

ARTICLE 1. LICENSING OF MIDWIFERY

R9-16-101. Definitions

The following definitions apply in this Article unless otherwise specified:

1. "Abnormal presentation" means that at the time of birth a fetus is not in a head-down position with the crown of the head the leading body part.
2. "Amniotic" means the fluid surrounding the fetus while in the mother's uterus.
3. "Apgar score" means the numerical score assigned to a newborn's physical condition at birth based on a rating of zero to 2 given to selected body functions.
4. "Aseptic" means free of germs.
5. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
6. "Cervix" means the narrow lower end of the uterus which protrudes into the cavity of the vagina.
7. "Consultation" means communication between a midwife and a physician for the purpose of receiving and implementing prospective advice regarding the care of a pregnant woman or the woman’s child.
8. "Current photograph" means an image of an individual, taken no more than 60 calendar days before the submission of the individual's application, in a Department-approved electronic format capable of producing an image that:
    a. Has a resolution of at least 600 x 600 pixels but not more than 1200 x 1200 pixels;
    b. Is 2 inches by 2 inches in size;
    c. Is in natural color;
    d. Is a front view of the individual's full face, without a hat or headgear that obscures the hair or hairline;
    e. Has a plain white or off-white background; and
    f. Has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head.
9. "Department" means the Arizona Department of Health Services.
10. "Dilation" means opening of the cervix during the mechanism of labor to allow for passage of the fetus.

DRAFT

11. "Effacement" means the gradual thinning of the cervix during the mechanism of labor and indicates progress in labor.
12. "Emergency care plan" means the arrangements established by a midwife for a client's transfer of care.
13. "Emergency transport service" means an entity regulated under 9 A.A.C. 25.
14. "Episiotomy" means the cutting of the perineum, center, middle, or midline, in order to enlarge the vaginal opening for delivery.
15. "Fetus" means a child in utero from conception to birth.
16. "Gestation" means the length of time from conception to birth, as calculated from the first day of the last normal menstrual period.
17. "Gravida" means the number of times the mother has been pregnant, including a current pregnancy, regardless of whether these pregnancies were carried to term.
18. "High-risk" means a pregnancy in which some condition puts the mother, the developing fetus, or both at higher-than-normal risk for complications during or after the pregnancy and birth.
19. "Infant" has the same meaning as in A.R.S. § 36-694.
20. "Informed consent" means a document signed by a client consenting to the provision of midwifery services, following receipt of information and education from a midwife according to with R9-16-108(C)(2).
21. "Intrapartum" means occurring from the onset of labor until after the delivery of the placenta.
22. "Ketones" means certain harmful chemical elements which are present in the body in excessive amounts when there is a compromised bodily function.
23. "Jurisprudence test" means an assessment of an individual's knowledge of the:
    a. Laws of this state concerning the reporting of births, prenatal blood tests, and newborn screening; and
    b. Rules pertaining to the practice of midwifery.
24. "Local registrar" means a person appointed by the state's registrar of vital statistics for a registration district whose duty includes receipt of birth and death certificates for births and deaths occurring within that district for review, registration, and transmittal to the state office of vital records according to with A.R.S. Title 36, Chapter 3.
25. "Low risk" means that the expected outcome of pregnancy, determined through physical assessment and review of the obstetrical history, shall most likely be that of a healthy woman giving birth to a healthy newborn and expelling an intact placenta.

DRAFT

26. "Meconium" means the first bowel movement of the newborn, which is greenish black in color and tarry in consistency.
27. "Midwife" has the same meaning as in A.R.S. § 36-751.
28. "Midwifery services" means health care provided by a midwife to a mother related to pregnancy, labor, delivery or postpartum care.
29. "Newborn" has the same meaning as in A.R.S. § 36-694.
30. "Para" means the number of births that are greater than 20 weeks gestation, including viable and non-viable births, where multiples are counted as one birth.
31. "Parity" means the number of newborns a woman has delivered.
32. "Perineum" means the muscular region in the female between the vaginal opening and the anus.
33. "Physician" means a allopathic, osteopathic, or naturopathic practitioner licensed pursuant to A.R.S. Title 32, Chapters 13, 14, and 17, who has an obstetric practice.
34. "Postpartum" means the six-week period following delivery of a newborn and placenta.
35. "Prenatal" means the period from conception to the onset of labor and birth.
36. "Prenatal care" means the on-going risk assessments, clinical examinations, and prenatal, nutritional, and anticipatory guidance offered to a pregnant woman.
37. "Prenatal visit" means each clinical examination of a pregnant woman for the purpose of monitoring the course of gestation and the overall health of the woman.
38. "Primigravida" means a woman who is pregnant for the first time.
39. "Primipara" means a woman who has given birth to her first newborn.
40. "Quickening" means the first perceptible movement of the fetus in the uterus, occurring usually in the 16th to the 20th week of gestation.
41. "Rh" means a blood antigen.
42. "Shoulder dystocia" means the shoulders of the fetus are wedged in the mother's pelvis in such a way that the fetus is unable to be born without emergency action.
43. "Transfer of care" means that a midwife refers the care of a client to an emergency transport service, hospital, or physician who then assumes responsibility for the direct care of the client.
44. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday or a statewide furlough day.

R9-16-102. Application for Initial Licensure

A. An applicant for an initial license to practice midwifery shall submit:

1. An application form provided by the Department with the following information:
    a. The applicant's name, address, telephone number, and e-mail address;
    b. The applicant's Social Security number, as required under A.R.S. §§ 25-320 and 25-502;
    c. Whether the applicant has ever been convicted of a felony or a misdemeanor in this or another state or jurisdiction;
    d. If the applicant was convicted of a felony or misdemeanor:
        i. The date of the conviction,
        ii. The state or jurisdiction of the conviction, and
        iii. An explanation of the crime of which the applicant was convicted;
    e. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-107(C)(2);
    f. An attestation that information required as part of the application has been submitted and is true and accurate; and
    g. The applicant's signature and date of signature;
2. A copy of the applicant's:
    a. U.S. passport, current or expired,
    b. Birth certificate,
    c. Naturalization documents, or
    d. Documentation of legal resident alien status;
3. Documentation that demonstrates the applicant is 21 years of age or older if the documentation submitted in subsection (A)(2) does not demonstrate that the applicant is 21 years of age or older;
4. A copy of both sides of the applicant's current certification in:
    a. Adult basic cardiopulmonary resuscitation through a course recognized by the American Heart Association, and
    b. Neonatal resuscitation through a course recognized by the American Academy of Pediatrics or American Heart Association;
5. Documentation of a high school diploma, a high school equivalency diploma, an associate's degree, or a higher degree;
6. Documentation that the applicant is certified by the North American Registry of Midwives as a Certified Professional Midwife;
7. A current photograph of the applicant;
8. A non-refundable application fee of $25; and

9. A non-refundable testing fee of $100 for a jurisprudence test administered by the Department.

B. The Department shall review an application according to R9-16-107 and Table 1.1.

C. If an applicant receives notification of eligibility to take the jurisprudence test, the applicant:

1. Shall take the jurisprudence test administered by the Department,
2. Shall provide proof of identity by a photographic identification card upon the request of the individual administering the jurisprudence test,
3. May take the jurisprudence test as many times as desired without paying an additional testing fee, and
4. Shall score 80% or higher correct answers on the jurisprudence test to be eligible to receive an initial license to practice midwifery.

D. If an applicant scores 80% or higher correct answers on the jurisprudence test, the Department shall provide written notice to the applicant, within five working days after the date of the jurisprudence test, to submit to the Department:

1. A licensing fee of $25; and
2. If the documentation required in subsection (A)(4) or (6) is expired, current documentation.

E. The Department shall issue an initial license to practice midwifery within five working days after receiving the applicable documentation and licensing fee required in subsection (D).

F. The Department shall provide to an applicant a written notice of denial that complies with A.R.S. § 41-1092.03(A) and inform the applicant that the applicant may reapply under subsection (A) if the applicant does not:

1. Score 80% or higher correct answers on the jurisprudence test within 180 calendar days after the date of the notification of eligibility to take the jurisprudence test, or
2. Submit to the Department the applicable documentation and licensing fee required in subsection (D) within 120 calendar days after the date of the notification in subsection (D).

R9-16-103. Renewal

A. At least 30 calendar days and no more than 60 calendar days before the expiration date of a midwifery license, the midwife shall submit to the Department:

1. An application in a format provided by the Department for renewal of a midwifery license including the following information:
   a. The midwife's name, address, telephone number, and e-mail address;

b. The midwife's license number;

c. Whether the midwife has been convicted of a felony or a misdemeanor in this or another state or jurisdiction in the previous two years;

d. If the midwife was convicted of a felony or misdemeanor:

i. The date of the conviction,

ii. The state or jurisdiction of the conviction,

iii. The nature of the crime of which the midwife was convicted, and

iv. The disposition of the case;

e. Whether the midwife agrees to allow the Department to submit supplemental requests for information under R9-16-107(C)(2);

f. An attestation that the midwife has completed the continuing education requirement in R9-16-105;

g. An attestation that the midwife is complying with the requirements in A.R.S. § 32-3211;

h. An attestation that information required as part of the application has been submitted and is true and accurate; and

i. The midwife's signature and date of signature;

2. Either:

a. Documentation that the midwife is currently certified by the North American Registry of Midwives as a Certified Professional Midwife; or

b. For a midwife who has been licensed as a midwife by the Department since 1999, and on no occasion the license lapsed, a copy of both sides of the midwife's current certification in:

i. Adult basic cardiopulmonary resuscitation that meets the requirements in R9-16-102(A)(4)(a), and

ii. Neonatal resuscitation that meets the requirements in R9-16-102(A)(4)(b); and

3. A non-refundable renewal fee of $25.

B. The Department shall review an application according to R9-16-107 and Table 1.1 and approve or deny the application for renewal of a license to practice midwifery.

R9-16-104. Administration

A. A midwife shall submit a written request for the Department to:

1. Add the midwife's name, address, and telephone number to a list of licensed midwives on the Department's website; or
2. Remove the midwife's name, address, and telephone number from a list of licensed midwives on the Department's website.

B. A midwife shall:

1. Notify the Department in writing within 5 working days after:
   a. A client has died while under the midwife's care,
   b. A stillborn child has been delivered by the midwife, or
   c. A newborn delivered by the midwife has died within the first 6 weeks after birth; and
2. Provide a summary of the:
   a. Circumstances leading up to the event, and
   b. Actions taken by the midwife in response to the event.

C. A midwife shall:

1. Maintain:
   a. Current certification in:
      i. Adult basic cardiopulmonary resuscitation that meets the requirements in R9-16-102(A)(4)(a), and
      ii. Neonatal resuscitation that meets the requirements in R9-16-102(A)(4)(b);
   b. Except as provided in R9-16-103(A)(2)(b) current certification as a Certified Professional Midwife by the North American Registry of Midwives; and
   c. The continuing education required in subsection R9-16-105 for at least the previous three years; and
2. Provide a copy of documentation of the certification in subsection (C)(1) to the Department within 2 working days after the Department's request.

R9-16-105. Continuing Education

During the term of a midwifery license, the midwife shall obtain at least 20 continuing education units that:

1. Improve the midwife's ability to:
   a. Provide services within the midwife's scope of practice,
   b. Recognize and respond to situations outside the midwife's scope of practice, or
   c. Provide guidance to other services a client may need; and

2. Have been approved as applicable to the practice of midwifery by the:
   a. American Nurses Association,
   b. American College of Obstetrics and Gynecologists,
   c. Midwives Alliance of North America,
   d. Arizona Medical Association,
   e. American College of Nurse Midwives,
   f. Midwifery Education Accreditation Council, or
   g. Another health professional organization.

R9-16-106. Name Change; Duplicate License

A. To request a name change on a midwifery license or a duplicate midwifery license, the midwife shall submit in writing to the Department:
   1. The midwife's name on the current midwifery license;
   2. If applicable, the midwife's new name;
   3. The midwife's address, license number, and e-mail address;
   4. As applicable:
      a. Documentation supporting the midwife's name change, or
      b. A statement that the midwife is requesting a duplicate midwifery license; and
   5. A non-refundable fee of $10.00.

B. Upon receipt of the written request required in subsection (A), the Department shall issue, as applicable:
   1. An amended midwifery license that incorporates the name change but retains the expiration date of the midwifery license, or
   2. A duplicate midwifery license.

R9-16-107. Time-frames

A. The overall time-frame described in A.R.S. § 41-1072(2) for each type of license granted by the Department is specified in Table 1.1. The applicant or midwife and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25 percent of the overall time-frame.

B. The administrative completeness review time-frame described in A.R.S. § 41-1072(1) for each type of license granted by the Department is specified in Table 1.1.
   1. The administrative completeness review time-frame begins:

a. For an applicant submitting an application for initial licensure, when the Department receives the application packet required in R9-16-102(A); and

b. For a licensed midwife applying to renew a midwifery license, when the Department receives the application packet required in R9-16-103(A);

2. If an application is:

a. Incomplete, the Department shall provide a notice of deficiencies to the applicant or midwife describing the missing documentation or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the documentation or information listed in the notice of deficiencies. An applicant or midwife shall submit to the Department the documentation or information listed in the notice of deficiencies within the time specified in Table 1.1 for responding to a notice of deficiencies;

i. If the applicant or midwife submits the documentation or information listed in the notice of deficiencies within the time specified in Table 1.1, the Department shall provide a written notice of administrative completeness to the applicant or midwife, and

ii. If the applicant or midwife does not submit the documentation or information listed in the notice of deficiencies within the time specified in Table 1.1, the Department shall consider the application withdrawn; or

b. Complete, the Department shall provide a notice of administrative completeness to the applicant or midwife; and

3. If the Department issues a notice of eligibility to take the jurisprudence test or a license during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.

C. The substantive review time-frame described in A.R.S. § 41-1072(3) is specified in Table 1.1 and begins on the date of the notice of administrative completeness.

1. If an application complies with the requirements in this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall issue a notice of eligibility to take the jurisprudence test to an applicant or a license to a midwife;

2. If an application does not comply with the requirements in this Article or A.R.S. Title 36, Chapter 6, Article 7, the Department shall make one comprehensive written request for additional information, unless the applicant or midwife has agreed in writing to allow the Department to submit supplemental requests for information;

3. An applicant or midwife shall submit to the Department all of the information requested in a comprehensive written request for additional information or a supplemental request for information within the time specified in Table 1.1;
4. The substantive review time-frame and the overall time-frame are suspended from the date that the Department sends a comprehensive written request for additional information or a supplemental request for information until the date that the Department receives all of the information requested;
5. If the applicant or midwife does not submit the additional information within the time specified in Table 1.1 or the additional information submitted by the applicant or midwife does not demonstrate compliance with this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall provide to the applicant a written notice of denial that complies with A.R.S. § 41-1092.03(A); and
6. If the applicant or midwife submits the additional information within the time specified in Table 1.1 and the additional information submitted by the applicant or midwife demonstrates compliance with this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall issue a notice of eligibility to take the jurisprudence test to an applicant or a license to a midwife.

Table 1.1. Time-frames (in calendar days)

Type of Approval	Statutory Authority	Overall Time-Frame	Administrative Completeness Review Time-Frame	Time to Respond to Notice of Deficiency	Substantive Review Time-Frame	Time to Respond to Comprehensive Written Request
Eligibility for Jurisprudence Test (R9-16-102)	A.R.S. §§ 36-753, 36-754, and 36-755	30	15	60	15	30
Midwifery License Renewal (R9-16-103)	A.R.S. § 36-754	30	15	30	15	15

R9-16-108. Responsibilities of a Midwife; Scope of Practice

A. A midwife shall provide midwifery services only to a client determined to be low risk.

B. Except as provided in R9-16-109(C) or (D), a midwife who is certified by the North American Registry of Midwives as a Certified Professional Midwife may perform a vaginal delivery:

1. After prior Cesarean section, or
2. Of a fetus in a breech presentation.

C. Before providing service to a client, a midwife shall:

1. Inform a client, both orally and in writing, of:
   a. The midwife's scope of practice, educational background, and credentials;
   b. If applicable to the client's condition, the midwife's experience with:
      i. Vaginal birth after prior Cesarean section deliveries, or
      ii. Delivery of a fetus in a breech presentation;
   c. Potential risks, adverse outcomes, and alternatives to an at-home delivery associated with the client's specific condition, described in subsection (C)(1)(b), including the need for emergency transport, surgical intervention, and neonatal or maternal complications, including death;
   d. The required tests and potential risks to a newborn and, if refused, the need for written documentation of client's refusal;
   e. The use of a physician for the provision of an emergency consultation or the use of a health care institution for the provision of emergency services;
   f. The midwife's facilitation of transfer of care to an emergency transport services, a hospital, or a physician; and
   g. The midwife's notification to the client regarding termination of midwifery services if certain medical conditions arise or the client refuses intervention;
2. A midwife shall obtain a written informed consent for midwifery services in a format provided by the Department that includes:
   a. The midwife's:
      i. Name;
      ii. Telephone number;
      iii. License number; and
      iv. E-mail address, if applicable;
   b. The client's:
      i. Name;
      ii. Address;
      iii. Telephone number;
      iv. Date of birth; and
      v. E-mail address, if applicable;
   c. An attestation that the client was:
      i. Provided the information required in subsection (C)(1);
      ii. Informed of the emergency care plan as required in subsection (E); and

iii. Given an opportunity to have questions answered, have an understanding of the information provided, and to choose to continue with midwifery services; and

d. The informed consent required in subsection (C)(2) is signed and dated by:

i. The client, and

ii. The midwife.

D. A midwife shall ensure that a copy of the informed consent for midwifery services required in subsection (C)(2) is provided to the:

1. Client, and

2. Department within 5 calendar days after a Department request.

E. A midwife shall establish an emergency care plan for the client that includes:

1. The name, address, and phone number of:

a. The hospital providing obstetrical services closest to the birthing location, and

b. An emergency transport service that provides service between the birthing location and the hospital identified in subsection (E)(1)(a);

2. The hospital identified in subsection (E)(1)(a) is within 25 miles of the birthing location for a delivery identified in subsection (B);

3. The signature of the midwife and the date signed; and

4. The signature of the client and the date signed.

F. A midwife shall implement the emergency care plan by immediately calling the emergency transport service identified in subsection (E)(1)(b) for:

1. Any of the conditions in R9-16-109 occur and are applicable to labor,

2. An emergency delivery is necessary for any of the conditions identified in R9-16-108(B), or

3. Any other condition that threatens the life of the client or client's fetus.

G. A midwife shall ensure the client receives a copy of the emergency care plan required in subsection (E).

H. A midwife shall maintain all instruments used for delivery in an aseptic manner and other birthing equipment and supplies in clean and good condition.

I. A midwife shall assess a client's physical condition in order to establish the client's continuing eligibility to receive midwifery services.

J. A midwife shall provide initial midwifery services and midwifery services during the prenatal period as follows:

1. Schedule or arrange for the following tests during the first visit:

a. Blood type, including ABO and Rh, with antibody screen;

b. Urinalysis;

c. Hematocrit and hemoglobin or complete blood count, initially and rechecked between 28 and 36 weeks of gestation;

d. Syphilis, gonorrhea, HIV, hepatitis, and chlamydia testing, unless a written refusal for chlamydia testing is obtained from the client; and

e. Rubella titer;

2. Schedule or arrange a prenatal visit at least once every 4 weeks until the beginning of 28 weeks gestation, once every 2 weeks from the beginning of 28 weeks until the end of 36 weeks gestation, and once a week after 36 weeks of gestation that includes:

a. The taking of weight, urinalysis for protein, nitrites, glucose and ketones, blood pressure, and assessment of the lower extremities for swelling;

b. Measurement of the fundal height and listening for fetal heart tones and, later in the pregnancy, feeling the abdomen to determine the position of the fetus;

c. Referral of a client for lab tests or other assessments, if applicable, based upon examination or history;

d. Document in the client record:

i. Any time bleeding occurs or invasive uterine procedures are done, and

ii. Any drug taken during the pregnancy that is specific to the needs of an Rh negative client.

e. Document fetal movement beginning at 28 weeks gestation; and

f. Blood glucose screening tests for diabetes, between 24 and 28 weeks gestation;

3. Refer a client for at least one ultrasound and recommended follow-up testing to determine placental location and risk for placenta previa and placenta accreta, and

4. Refer a client for an ultrasound at 36-37 weeks gestation to confirm fetal presentation and estimated fetal weight for a breech pregnancy;

5. Monitor fetal heart tones with fetoscope and document client's report of first quickening, between 18 and 20 weeks gestation, and conduct weekly visits until these signs have occurred. If these signs do not occur by the end of 22 weeks gestation, the midwife shall initiate a consultation; and

6. Conduct a visit to the client's home before the end of 35 weeks gestation to ensure that the birthing environment is appropriate for birth and that communication is available to the hospital and emergency transport service identified in (E)(1).

K. A midwife shall provide midwifery services during the intrapartum period as follows:

1. Notification to the obstetrical services charge nurse of the hospital identified in subsection (E)(1)(a) when the client:
    a. Begins labor, and
    b. Ends labor;
2. The midwife shall determine if the client is in labor and the appropriate course of action to be taken by:
    a. Assessing the interval, duration, intensity, location, and pattern of the contractions;
    b. Determining the condition of the membranes, whether intact, ruptured, and the amount and color of fluid;
    c. Reviewing with the client the need for an adequate fluid intake, relaxation, activity, and emergency management; and
    d. Deciding whether to go to client's home, remain in telephone contact, or arrange for transfer of care or consultation;
3. During labor, the midwife shall assess the condition of the client and fetus upon initial contact, every half hour in active labor until completely dilated, and every 15 to 20 minutes during pushing, following rupture of the amniotic bag, or until the newborn is delivered. Midwifery services shall include the following:
    a. Checking of vital signs every 2 to 4 hours and an initial physical assessment of the client;
    b. Assessment of fetal heart tones every 30 minutes in active first stage labor, and every 15 minutes during second stage, following rupture of the amniotic bag or with any significant change in labor patterns;
    c. Periodic assessment of contractions, fetal presentation, dilation, effacement, and fetal position by vaginal examination;
    d. Maintenance of proper fluid balance for the client throughout labor as determined by urinary output and monitoring urine for presence of ketones; and
    e. Assisting in support and comfort measures to the client and family;
4. For deliveries described in subsection (B), during labor the midwife shall determine:
    a. The progress of active labor for primiparas by monitoring whether dilation occurs at an average of 1 centimeter per hour until completely dilated, and a second stage not to exceed 2 hours, if applicable;

DRAFT

b. Normal progress of active labor for multigravidas by monitoring whether dilation occurs at an average of 1.5 to 2 centimeters per hour until completely dilated, and a second stage not to exceed 1 hour, if applicable; or

c. The progress of labor according to standards established by the American Congress of Obstetricians and Gynecologists.

5. After delivery of the newborn, midwifery services shall include the following:

a. Assessment of the newborn at 1 minute and 5 minutes to determine the Apgar scores;

b. Physical assessment of the newborn for any abnormalities;

c. Inspection of the client's perineum, vagina, and cervix for lacerations;

d. Delivery of the placenta within 1 hour during which time the midwife shall assess for signs of separation, frank or occult bleeding; and

e. Examine the placenta for intactness and to determine the number of umbilical cord vessels; and

6. The responsibility of the midwife shall include recognition of and response to any situation requiring immediate intervention.

L. A midwife shall provide the following midwifery services during the postpartum period:

1. During the 2 hours after delivery of the placenta, care of the client shall include:

a. Taking of vital signs of the client and external massage of the uterus and evaluation of bleeding every 15 to 20 minutes for the first hour and every half hour for the second hour;

b. Assisting the client to urinate within 2 hours following the birth;

c. Evaluating the perineum, vagina and cervix for tears, bleeding, or blood clots;

d. Assisting with maternal newborn and infant bonding;

e. Assisting with initial breast feeding, instructing the client in the care of the breast, and reviewing potential danger signs, if appropriate;

f. Providing instruction to the family about adequate fluid and nutritional intake, rest, and the types of exercise allowed, normal and abnormal bleeding, bladder and bowel function, appropriate baby care, signs and symptoms of postpartum depression, and any danger signals with appropriate emergency phone numbers; and

g. Document any drugs taken by the client in the client’s record to an unsensitized Rh-negative client who delivers an Rh-positive newborn;

DRAFT

2. During the immediate postpartum period of 2 hours after delivery of the placenta, care of the newborn shall include:
    a. Perform a newborn physical exam to determine the newborn's gestational age and any abnormalities,
    b. Comply with the requirements in A.A.C. R9-6-332, and
    c. Document the administration of any vitamins to the newborn in the newborn's record;
3. Any abnormal or emergency situation shall be evaluated and consultation or intervention sought according to these rules; and
4. The condition of the client and newborn shall be re-evaluated between 24 and 72 hours of delivery to determine whether the recovery is following a normal course and shall include:
    a. Assessment of baseline indicators such as the client's vital signs, bowel and bladder function, bleeding, breasts, feeding of the newborn, sleep/rest cycle, activity with any recommendations for change;
    b. Assessment of baseline indicators of well-being in the newborn such as vital signs, weight, cry, suck and feeding, fontanel, sleeping, bowel and bladder function with documentation of meconium, and any recommendations for changes made to the family;
    c. Submission of blood obtained from a heel stick to the newborn to the state laboratory for screening according to A.R.S. § 36-694(B) and 9 A.A.C. 13, Article 2, unless a written refusal is obtained from the client and documented in the client's record and the newborn's record; and
    d. Recommendation to the client to secure medical follow-up for her newborn.

M. A midwife shall file a birth certificate with the local registrar within seven calendar days after the birth of the newborn.

N. Subsections (B) and (J)(3) are effective July 1, 2014.

R9-16-109. Prohibited Practice; Transfer of Care

A. A midwife shall not accept for midwifery services or continue midwifery services for a client that has or develops any of the following:
1. A previous surgery that involved:
    a. An incision in the uterus, except as provided in R9-16-108(B)(1); or
    b. A previous uterine surgery that enters the myometrium;

2. Multiple fetuses;
3. Placenta previa or placenta accreta;
4. A history of severe postpartum bleeding, of unknown cause, which required transfusion;
5. Deep vein thrombosis or pulmonary embolism;
6. Uncontrolled gestational diabetic, insulin-dependent diabetes, hypertension, heart disease, kidney disease, blood disease, Rh disease with positive titers, active tuberculosis, or active syphilis;
7. Active hepatitis or active gonorrhea until treated and recovered, following which midwifery services may resume;
8. A blood pressure of 140/90 or an increase of 30 millimeters of Mercury systolic or 15 millimeters of Mercury diastolic over client's lowest baseline blood pressure for two consecutive readings taken at least six hours apart;
9. A persistent hemoglobin level below 10 grams or a hematocrit below 30 during the third trimester;
10. Primary genital herpes simplex infection in the first trimester or active genital herpes at the onset of labor;
11. A pelvis that will not safely allow a baby to pass through during labor;
12. A severe psychiatric illness:
    a. Evident during assessment of a client's preparation for birth, or
    b. Diagnosed or treated by a behavioral health professional or physician in the six-month period prior to pregnancy;
13. A suspicion of habitual use during this pregnancy or in the six months period prior to pregnancy to one of the following evident during an assessment of a client:
    a. Alcohol,
    b. Narcotics, or
    c. Other drugs;
14. Prematurity or labor beginning before the beginning of 36 weeks gestation;
15. A progression of labor that does not meet the requirements of R9-16-108(K)(4), if applicable;
16. Gestational age greater than 34 weeks with no prior prenatal care;
17. A gestation beyond 42 weeks;
18. Presence of ruptured membranes without onset of labor within 24 hours;
19. Abnormal fetal heart rate of less than 120 beats per minute or more than 160 beats per minute;

20. Presence of thick meconium, blood-stained amniotic fluid, or abnormal fetal heart tones;
21. A postpartum hemorrhage of greater than 500 milliliters in the current pregnancy; or
22. A non-bleeding placenta retained more than 60 minutes.

B. A midwife shall not provide midwifery services in a location that has the potential to cause harm to the mother or the mother's child.

C. A midwife shall not perform a vaginal delivery after prior Cesarean section for a client who:
1. Had:
   a. More than one previous Cesarean section;
   b. A previous Cesarean section:
      i. With a classical, vertical, or unknown uterine incision;
      ii. Within 18 months prior to expected delivery;
      iii. With complications, including uterine infection;
      iv. Due to failure to dilate or cephalopelvic insufficiency; or
   c. Complications during a previous vaginal delivery after a Cesarean section; or
2. Has a fetus:
   a. With fetal anomalies, confirmed by an ultrasound, or
   b. In a breech presentation.

D. A midwife shall not perform a vaginal delivery of a fetus in a breech presentation for a client who:
1. Had a previous:
   a. Unsuccessful vaginal delivery or other demonstration of an inadequate maternal pelvis, or
   b. Cesarean section; or
2. Has a fetus:
   a. With fetal anomalies, confirmed by an ultrasound;
   b. With an estimated fetal weight less than 2500 grams or more than 3800 grams; or
   c. In an incomplete breech position.

E. A midwife shall not perform any operative procedures except as provided in R9-16-111.

F. A midwife shall not use any artificial, forcible, or mechanical means to assist birth, nor shall the midwife attempt to correct fetal presentations by external or internal movement of the fetus.

G. Except as provided in R9-16-111, a midwife shall not continue midwifery services and shall transfer care of a newborn in which any of the following conditions are present:
1. Birth weight less than 2000 grams;
2. Pale, blue, or gray color after 10 minutes;

3. Excessive edema;
4. Major congenital anomalies; or
5. Respiratory distress.

H. The midwife shall document the conditions in subsection (G) in the client record, if applicable.

R9-16-110. Required Consultation

A. A midwife shall obtain a consultation to receive a written recommendation from a physician for treatment, referral, or transfer of care at the time a client is determined to have any of the following during the current pregnancy:

1. Testing positive for HIV, syphilis, gonorrhea, or hepatitis;
2. History of seizure disorder;
3. History of stillbirth, premature labor, or parity greater than 5;
4. Age is younger than 16 years of age or a primigravida older than 40 years of age;
5. Failure to auscultate fetal heart tones by the beginning of 22 weeks gestation;
6. Refusal of Rh blood work or treatment;
7. Failure to gain 12 pounds by the beginning of 30 weeks gestation or gaining more than 8 pounds in any two-week period during pregnancy;
8. Severe, persistent headaches, with visual disturbances, abdominal pains, or swelling of the face and hands;
9. Greater than 1+ sugar, ketones, or protein in the urine on two consecutive visits;
10. Excessive vomiting or continued vomiting after the end of 20 weeks gestation;
11. Symptoms of decreased fetal movement;
12. A fever of at least or greater than 100.4° F or 38° C twice at 24 hours apart;
13. Tender uterine fundus;
14. Effacement or dilation of the cervix, greater than a fingertip, accompanied by contractions, prior to the beginning of 36 weeks gestation;
15. Measurements for fetal growth that are not within 2 centimeters of the gestational age;
16. Second degree or greater lacerations of the birth canal;
17. Except as provided in R9-16-109(A)(15), an abnormal progression of labor;
18. An unengaged head at 7 centimeters dilation in active labor;
19. Except as provided in R9-16-108(B)(2), an abnormal presentation after 36 weeks gestation;
20. Failure of the uterus to return to normal size in the current postpartum period; or

DRAFT

21. Persistent shortness of breath requiring more than 24 breaths per minute, or breathing which is difficult or painful.

B. A midwife shall obtain a consultation to receive a written recommendation from a physician for treatment, referral, or transfer of care at the time any newborn demonstrates any of the following conditions:

1. Weight less than 2500 grams or 5 pounds, 8 ounces;
2. Congenital anomalies;
3. An Apgar score less than 7 at 5 minutes;
4. Persistent breathing at a rate of more than 60 breaths per minute;
5. An irregular heartbeat;
6. Persistent poor muscle tone;
7. Less than 36 weeks gestation or greater than 42 weeks gestation by gestational exam;
8. Yellowish-colored skin within 48 hours;
9. Abnormal crying;
10. Meconium staining of the skin;
11. Lethargy, irritability, or poor feeding;
12. Excessively pink coloring over the entire body;
13. Failure to urinate or pass meconium in the first 24 hours of life;
14. A hip examination which results in a clicking or incorrect angle;
15. Skin rashes not commonly seen in the newborn; or
16. Temperature persistently above 99.0° or below 97.6° F.

C. The midwife shall inform the client of the consultation and recommendations required in subsections (A) or (B).

D. The midwife shall document the consultation and place the written recommendation required in subsections (A) or (B) in the client record or newborn record.

R9-16-111. Emergency Measures

A. After calling for an emergency transport service, a midwife shall perform the following procedures only in an emergency situation in which the health and safety of the client or newborn are determined to be at risk:

1. Cardiopulmonary resuscitation of the client or newborn with a bag and mask;
2. Administration of oxygen at no more than 8 liters per minute via mask for the client and 5 liters per minute for the newborn via neonatal mask;
3. Midline episiotomy to expedite the delivery during fetal distress;

4. Suturing of episiotomy or tearing of the perineum to stop active bleeding, following administration of local anesthetic;
5. Release of shoulder dystocia by rotating the shoulders into one of the oblique diameters of the pelvis; and
6. Manual exploration of the uterus for control of severe bleeding.

B. A midwife shall document any drugs taken by a client for the control of postpartum hemorrhage in the client's record.

R9-16-112. Midwife Report

A. A midwife shall complete a midwife report for each client in a format provided by the Department that includes the following:

1. The midwife's:
   a. First name,
   b. Last name, and
   c. License number;
2. The client's:
   a. Date of birth;
   b. Client number;
   c. Date of last menstrual period;
   d. Estimated date of delivery;
   e. Gravida (number);
   f. Para (number);
   g. High-risk condition, if applicable; and
   h. Description of the high-risk condition, if applicable;
3. A description of the maternal outcome, including any complications;
4. If a vaginal delivery after prior Cesarean section:
   a. Rate of dilation, and
   b. Duration of second stage labor;
5. If applicable, the newborn's:
   a. Date of birth;
   b. Gender;
   c. Weight;
   d. Length;
   e. Head circumference;

f. Designation of average, small or large for gestational age;

g. Apgar score at 1 minute;

h. Apgar score at 5 minutes;

i. Existence of complications;

j. Description of complications, if applicable;

k. Birth certificate filing date; and

l. Birth certificate number;

6. Whether the client required transfer of care and, if applicable:

a. Method of transport,

b. Destination type,

c. Name of destination,

d. Time arrived at destination,

e. Confirmation the emergency care plan was utilized, and

f. Medical reason for transfer of care;

7. The date midwifery services were terminated;

8. Reason for the termination of midwifery services;

9. If termination of midwifery services was due to a medical condition, the specific medical condition;

10. Whether information was provided on newborn screening; and

11. Whether newborn screening tests were ordered as indicated in A.R.S. § 36-694.

B. The midwife shall submit a midwife report to the Department within 30 calendar days after the termination of midwifery services.

R9-16-113 Client and Newborn Records

A. A midwife shall ensure that a record is established and maintained according to A.R.S. §§ 12-2291 and 12-2297 for each:

1. Client, and

2. Newborn delivered by the midwife from a client.

B. A midwife shall ensure that a record for each client includes the following:

1. The client’s full name, date of birth, address, and client number;

2. Names, addresses, telephone numbers of the client's spouse or other individuals, designated by the client to be contacted in an emergency;

3. Written informed consent for midwifery services signed by the client, as required in R9-16-108(C)(2);

4. A copy of the emergency care plan, as required in R9-16-108(E);
5. The date the midwife began providing midwifery services to the client;
6. The date the client is expected to deliver the newborn;
7. The date the newborn was delivered, if applicable;
8. An initial assessment of the client to:
    a. Determine whether the client has a history of a condition or circumstance that would preclude care of the client by the midwife, as required in R9-16-109; and
    b. Determine the:
        i. Number and outcome of previous pregnancies, and
        ii. Number of previous medical or midwife visits the client has had during the current pregnancy;
9. Progress notes documenting the midwifery services provided to the client;
10. If a vaginal delivery after prior Cesarean section:
    a. Rate of dilation, and
    b. Duration of second stage labor;
11. Laboratory and diagnostic reports;
12. Consultations made about the client and the reason for each consultation;
13. Written reports received from consultations as required in R9-16-110(D);
14. A description of any conditions or circumstances arising during the pregnancy that required the transfer of care;
15. The name of the physician or hospital to which the care of the client was transferred, if applicable;
16. Documentation of medications taken by the client;
17. The outcome of the pregnancy;
18. The date the midwife stopped providing midwifery services to the client; and
19. Instructions provided to the client before the midwife stopped providing midwifery services to the client.

C. A midwife shall ensure that a record for each newborn includes the following:
1. The full name, date of birth, and address of the newborn's mother;
2. The newborn's:
    a. Date of birth,
    b. Gender,
    c. Weight at birth,
    d. Length at birth, and

e. Apgar scores at one minute and five minutes after birth;

3. The newborn's estimated gestational age at birth;
4. Progress notes documenting the midwifery services provided to the newborn;
5. Laboratory and diagnostic reports;
6. Consultations made about the newborn and the reason for each consultation;
7. Written reports received from consultations as required in R9-16-110(D);
8. A description of any conditions or circumstances arising during or after the newborn's birth that required the transfer of care;
9. The name of the physician or hospital to which the care of the newborn was transferred, if applicable;
10. Documentation of medications taken by the newborn;
11. Documentation of newborn screening, including when blood was submitted and results received, as required in R9-16-108(L)(4)(c);
12. The date the midwife stopped providing midwifery services to the newborn; and
13. Instructions provided to the client about the newborn before the midwife stopped providing midwifery services to the newborn.

R9-16-114. Denial, Suspension, or Revocation of License; Civil Penalties; Procedures

In addition to the grounds specified in A.R.S. §§ 36-756 and 13-904(E), the Department may deny, suspend, or revoke a license permanently or for a definite period of time, and may assess a civil penalty for each violation, for any of the following causes:

1. Practicing under a false name or alias so as to interfere with or obstruct the investigative or regulatory process,
2. Practicing under the influence of drugs or alcohol,
3. Falsification of records,
4. Obtaining any fee for midwifery services by fraud or misrepresentation,
5. Permitting another to use the midwife's license, or
6. Knowingly provides false information to the Department.

R9-16-115. Midwifery Advisory Committee

A. The director of the Department shall establish a midwifery advisory committee to:

1. Examine aggregate data from the midwife reports required in R9-16-112,
2. Examine any notifications received by the Department required in R9-16-104(B),
3. Examine evidence-based research pertaining to the practice of midwifery, and

4. Recommend to the director changes in the regulatory rules pertaining to midwifery.

B. The midwifery advisory committee shall, at a minimum, convene annually.

C. The midwifery advisory committee shall be chaired by the director of the Department.

D. The director of the Department shall select the following midwifery advisory committee members:

1. Two midwives who are licensed according to Title 36, Chapter 6, Article 7 of the Arizona Revised Statutes;
2. Two public members who have used or who have significant experience with midwifery services;
3. One physician who is licensed according to Title 32, Chapter 13, of the Arizona Revised Statutes or one physician who is licensed according to Title 32, Chapter 17, of the Arizona Revised Statutes, and who has experience in obstetrics; and
4. One nurse midwife who is licensed and certified according to Title 32, Chapter 15 of the Arizona Revised Statutes.

E. Midwifery advisory committee members:

1. Serve at the discretion of the director of the Department,
2. May serve for three one-year terms, and
3. Are not eligible for compensation or reimbursement of expenses.

DRAFT