

TITLE 9. HEALTH SERVICES

CHAPTER 16. DEPARTMENT OF HEALTH SERVICES – OCCUPATIONAL LICENSING

ARTICLE 1. LICENSING OF MIDWIFERY

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ARTICLE 1. LICENSING OF MIDWIFERY

R9-16-101. Definitions

In Article 1, unless the context otherwise requires: **[Many definitions have been struck since the terms are no longer used in the rules.]**

1. "Abnormal presentation" means ~~the~~ that at the time of birth a fetus is not in a head-down head-down position with the crown of the head the leading body part.
2. ~~"ABO" means the classification of blood types.~~
3. ~~"ADHS" or "Department" mean the Arizona Department of Health Services.~~
4. "Amniotic" means the fluid surrounding the fetus while in the mother's uterus.
5. "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.
6. ~~"Apprenticeship" means the period of time, under the direction of a preceptor, during which a student obtains all of the necessary theoretical, clinical, and practical application and intervention skills and knowledge required to be licensed pursuant to these rules.~~
7. "Aseptic" means free of germs.
8. "Cervix" means the narrow lower end of the uterus which protrudes into the cavity of the vagina.
9. "Consultation" means communication between a licensed midwife and physician for the purpose of receiving and implementing prospective advice regarding the care of a pregnant woman or infant.
10. ~~"Core subjects" means the portion of study related to a woman's reproductive cycle and fetal/infant development including: human anatomy and physiology, embryology, biology, genetics, pharmacology, psychology and nutrition.~~
- #. "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

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- f. Has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head.
11. "Dilation" means opening of the cervix during the mechanism of labor to allow for passage of the fetus.
12. ~~"Direction" means the advice provided by a preceptor to a student to assist in making changes in performance without necessarily being in attendance.~~
13. "Effacement" means the gradual thinning of the cervix during the mechanism of labor and indicates progress in labor.
14. "Episiotomy" means the cutting of the perineum, center, middle, or midline, in order to enlarge the vaginal opening for delivery.
15. "Fetus" refers to the infant in the mother's uterus.
16. ~~"HIV+" means a positive test for the Human Immunodeficiency Virus.~~
17. "Infant" means a human being between birth and two years of age.
18. "Informed Consent" means a document signed by a client consenting to the provision of midwifery services, following receipt of information and education from a licensed midwife in accordance with R9-16-106(D). **[Needed, but may redefine and correct the reference after the review of the Scope of Practice]**
19. "Intrapartum" means occurring from the onset of labor until after the delivery of the placenta.
20. "Ketones" means certain harmful chemical elements which are present in the body in excessive amounts when there is a compromised bodily function.
- #. "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 midwifery.
21. "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 in accordance with A.R.S. Title 36, Chapter 3.
22. "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 infant and expelling an intact placenta.
23. "Meconium" means the first bowel movement of the newborn, which is greenish black in color and tarry in consistency.

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24. ~~"Multipara" means a woman who has given birth more than once.~~
25. "Newborn" means an infant who is within the first 28 days of life.
26. ~~"Observation" means the planned learning experience where the student midwife obtains knowledge through watching a licensed, registered, or certified midwife, or certified nurse midwife or physician provide obstetric service to a mother or newborn.~~
27. "Parity" means the number of infants a woman has delivered.
28. "Perineum" means the muscular region in the female between the vaginal opening and the anus.
29. "Physician" means a medical, osteopathic, or naturopathic practitioner licensed pursuant to A.R.S. Title 32, Chapters 13, 14, and 17, who has an obstetric practice.
30. "Postpartum" means the six-week period following delivery of an infant and placenta.
31. ~~"Preceptor" means an Arizona licensed midwife, certified nurse midwife, physician, or a midwife who is certified, registered, or licensed by another state and who is responsible for supervising a person preparing to be licensed as a midwife during the person's apprenticeship period.~~
32. "Prenatal" means the period from conception to the onset of labor and birth.
33. "Prenatal care" means the on-going risk assessments, clinical examinations, and prenatal, nutritional, and anticipatory guidance offered to a pregnant woman.
34. "Prenatal visit" means each clinical examination of a pregnant woman for the purpose of monitoring the course of the pregnancy and the overall health of the woman.
35. "Primigravida" means a woman who is pregnant for the first time.
36. "Primipara" means a woman who has given birth to her first infant.
37. "Quickening" means the first perceptible movement of the fetus in the uterus, appearing usually in the 16th to the 20th week of pregnancy.
38. "Rh" means a blood antigen.
39. "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 by the midwife.
40. ~~"Supervision" means, in a preceptor student midwife relationship, overseeing a student's learning activities while retaining full responsibility for the care of the client and being present during new procedures.~~
41. "Transfer of care" means that the midwife refers the care of the client to a medical facility or physician who then assumes responsibility for the direct care of the client.
42. ~~"Universal precautions" means the handling of all materials and instruments which may contain or have been in contact with blood or bodily fluids in accordance with the~~

~~"Update: Universal Precautions for the Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and other Bloodborne Pathogens in Health Care Settings," Morbidity and Mortality Weekly Report, June 24, 1988, Vol. 37, No. 24, Centers for Disease Control, 1600 Clifton Road, N.E., Atlanta, GA 30333, incorporated herein by reference and on file with the Office of the Secretary of State.~~

R9-16-102. Qualifications Application for Initial Licensure

According to A.R.S. § 36-755(B)(4), to qualify for a midwife license, an applicant shall:

- ~~1. Be 18 years of age or older;~~
- ~~2. Have a high school diploma or a high school equivalency diploma;~~
- ~~3. Be of good moral character;~~
- ~~4. Be currently certified by the American Heart Association in adult basic cardiopulmonary resuscitation;~~
- ~~5. Be currently certified by the American Academy of Pediatrics in neonatal cardiopulmonary resuscitation;~~
- ~~6. Submit a letter of recommendation from a certified nurse-midwife, a licensed midwife, or a physician that contains the recommending individual's signature, title, address, and telephone number and date of the recommendation; and~~
- ~~7. Submit a letter of recommendation from a mother for whom the applicant has provided midwifery services that contains the mother's signature, address, and telephone number and date of the recommendation.~~

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(P) and 25-502(K);
 - 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. The name of the hospital to which the applicant plans to send a client who needs services outside a midwife's scope of practice;

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- f. The name of each physician who agrees to assume care for a client who needs services outside a midwife's scope of practice;
 - g. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-107;
 - h. An attestation that all information required as part of the application has been submitted and is true and accurate; and
 - i. 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 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 letter from each physician specified under subsection (A)(1)(f) agreeing to assume care for a client who needs services outside a midwife's scope of practice;
 - 8. A current photograph of the applicant;
 - 9. A non-refundable application fee of \$25; and
 - 10. 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,

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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 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 days after the date of the notification in subsection (D).

R9-16-103. Application for Licensure Renewal

- A. An applicant for a license to practice midwifery shall submit the following information to the Department on forms prescribed by the Director:
1. A completed application packet with notarized preceptor signature;
 2. A filing fee of \$25; and
 3. A 2" x 2" photograph of the applicant.
- B. A completed application, shown as Exhibit B, including the validation of midwifery apprenticeship signed by the applicant's preceptor, shall be submitted to the Director by an applicant on or before March 15 if an applicant desires to sit for the June administration of the licensing exam, or on or before July 15 if the applicant desires to sit for the fall administration of the examination.

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- C. All documents required to be submitted in applying for licensure shall be an original or a certified copy of an original.
- D. The Director may refuse to consider any application which is not complete. An applicant shall provide a more detailed response to any request by the Director for additional information.
- E. Each applicant shall provide evidence of having obtained a score of 80% or better in each of the core subjects from accredited college level courses, or through self study and demonstration of competencies and knowledge to a preceptor at a level of above average or excellent in each of the core subjects. A preceptor shall utilize the standards in the Preceptor Rating Guide which is set forth in Exhibit C.
- F. Each applicant shall provide evidence of having obtained during apprenticeship, under the supervision and direction of a preceptor, an assessment of above average or excellent, based upon the standards in the Preceptor Rating Guide, in each of the following:
 - 1. 60 prenatal care visits to a minimum of 15 women;
 - 2. Attendance at the labor and delivery of at least 25 live births, for the purpose of observation and to provide assistance to the preceptor;
 - 3. Supervised management of labor and delivery of the newborn and placenta for at least 25 births;
 - 4. 25 newborn examinations;
 - 5. 25 postpartum evaluations of mother and newborn within 72 hours and again at six weeks; and
 - 6. Observation of one complete set of at least six prepared childbirth classes offered by a nationally certified childbirth educator or organization.
- G. Each applicant shall provide evidence of having obtained during apprenticeship an assessment of above average or excellent, based upon the standards in the Preceptor Rating Guide, from the applicant's preceptor in each of the following:
 - 1. Provision of care during the prenatal, intrapartum, postpartum, and newborn period;
 - 2. Recognition of normal, abnormal, emergency, and complications of expected fetal and maternal conditions and the appropriate application of interventions;
 - 3. Practice of universal precautions in the handling of bodily fluids and the aseptic theory related to the provision of care during a woman's childbearing year;
 - 4. Techniques of drawing blood and performing urine testing, ordering exams as well as the interpretation of results;
 - 5. Performing injections;
 - 6. Suturing;

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7. ~~Techniques in the operation and maintenance of office laboratory equipment;~~
 8. ~~Techniques of record maintenance and charting; and~~
 9. ~~Techniques of physical assessment in adults and newborns.~~
- H. ~~Applicants determined to be eligible for the exam and, upon being informed of the exam dates and times in writing by the Department, shall submit a \$100 testing fee no later than 30 days prior to the date of the examination.~~
- A. At least 30 calendar days and no more than 60 calendar days before the expiration date of a midwifery license, a midwife shall submit to the Department:
1. An application form 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;
 - 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 all 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 received an initial midwifery license from the Department before 1999, a copy of both sides of the midwife's current certification in:

**EXHIBIT B. MIDWIFE LICENSE APPLICATION FORM Repealed
 DIVISION OF FAMILY HEALTH SERVICES
 APPLICATION PART I
 MIDWIFE APPRENTICESHIP DOCUMENTATION
 GENERAL INFORMATION**

Office Use Only

| | | |
|-----------------------|--|-------------|
| Date Stamp | Name: _____ | Date: _____ |
| - | Date of Birth: _____ | - |
| F/U Dates | Address: _____ | - |
| - | _____ | 2 X 2 |
| - | Phone (home): _____ | PHOTOGRAPH |
| - | Phone (work): _____ | - |
| Accepted for exam on: | ENCLOSE FILING FEE OF \$25.00 TESTING FEE IS \$100.00 | - |

I. Core Subjects: Grade: Study Completed at:

Anatomy & Physiology _____
 Embryology/Genetics _____
 Pharmacology _____
 Psychology _____
 Nutrition _____
 -

II. Practical Experience Grade: General Experience Grade:

Prenatal visits (60) _____ Overall Care _____
 Observe birth (10) _____ Recognition & Intervention _____
 L & D Management (25) _____ of norm., abnormal & emerg.
 Newborn Exams (25) _____ Universal Precautions _____
 Postpartum Exam (25) _____ Technique of obtaining spec. _____
 Childbirth Prep class _____ Techniques of record manage. _____
 Physical Assessment Adult & NB _____
 -

(Refer to attached detail)

III. American Heart Association CPR Certification Exp. Date

CPR Adult & Infant (Certified copy of card enclosed) _____
 -

IV. Letters of Recommendation

Three letters of recommendation must be mailed directly to the Program Manager from the following individuals: your preceptor, a physician or certified nurse midwife, and a client.
 -

Have you ever been convicted of a felony? Yes No

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Have you ever been convicted of a misdemeanor? Yes No

Explanation: _____

-

-

By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct, and complete to the best of my knowledge and belief. I also acknowledge that, should investigation at any time disclose any misrepresentation or falsification, my license will be revoked, denied, or suspended. I also authorize the Department to make all necessary and appropriate investigations allowable by law to verify the information provided:

-

Applicant Date

-

Social Security # _____

DRAFT

**DIVISION OF FAMILY HEALTH SERVICES
APPLICATION PART II
VALIDATION OF MIDWIFERY APPRENTICESHIP**

Office Use Only

| | |
|------------|---|
| Date Stamp | Date: _____ |
| - | Name: _____ |
| - | Address: _____ |
| - | Apprentice time period. Began on: _____ Completed on: _____ |

Preceptor Name &

Title: _____

Address: _____ Home

Phone: _____

Work Address: _____ Work

Phone: _____

(Enclose a copy of your current license and circle the expiration date.)

By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct, and complete to the best of my knowledge and belief. I also acknowledge that, should investigation at any time disclose any misrepresentation or falsification, my license will be revoked, denied, or suspended. I also authorize the Department to make all necessary and appropriate investigations allowable by law to verify the information provided:

Preceptor's Signature Date

Notary / Expiration Date Date

EXHIBIT C. PRECEPTOR RATING GUIDE Repealed

The following assessment form is provided to act as a guide for the preceptor and student. This guide will act as a standard to measure student strengths and opportunities for improvement.

1. ~~Excellent: Demonstrates consistently high level of performance using sound scientific principles for practice, able to motivate patient and family in practice, uses consultation, requires minimal supervision.~~
2. ~~Above Average: Generally performs with competence but requires periodic supervision, uses consultation appropriately, applies sound scientific principles to practice, protects patient's safety and dignity.~~
3. ~~Average: Performs procedures adequately but needs supervision, can answer questions relative to underlying scientific principles, practice more self-centered than client-centered.~~
4. ~~Below Average: Needs considerable supervision, can perform skills if has them demonstrated or reinforced; knows most of the principles underlying procedures but needs help in making application in the situation.~~
5. ~~Unacceptable: Cannot perform skill with even minimal competence, does not know or understand principles underlying the procedures to be performed, practices inappropriately so as to threaten patient's safety, dignity, or comfort. Unable to judge.~~

R9-16-104. Qualifying Examination Administration

- A. ~~An applicant for midwifery licensure shall take a three part examination administered sequentially and biannually by the Department and consisting of the following:~~
 1. ~~A written examination designed to test the applicant's knowledge of the theory of pregnancy, childbirth, and the core subjects;~~
 2. ~~An oral examination designed to test clinical judgment in the practice of licensed midwifery; and~~
 3. ~~A practical examination designed to demonstrate the applicant's mastery of skills necessary for the practice of midwifery.~~
- B. ~~All applicants registered for the examination shall provide proof of identity by a photographic identification upon request of the proctor administering the test. The proctor shall take all necessary and appropriate actions to secure the integrity of the examination process and may change an applicant's seating location or, for good cause, exclude an applicant from the examination.~~

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- C. ~~An applicant shall score 80% or more correct in an examination part before being permitted to take the next part of the examination.~~
- D. ~~An applicant shall score 80% correct on all parts of the examination to be eligible for licensure.~~
- E. ~~An applicant who fails the examination shall not be required to retake those parts of the examination for which the applicant scored 80% or more correct if the applicant retests within two years of taking the examination.~~
- 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 30 calendar days after:
 - a. The hospital to which the midwife plans to send a client who needs services outside a midwife's scope of practice changes, or
 - b. A physician who agrees to assume care for a client who needs services outside a midwife's scope of practice changes; and
 - 2. Provide to the Department, as applicable:
 - a. The name of the new hospital to which the midwife plans to send a client who needs services outside a midwife's scope of practice; or
 - b. For each new physician who agrees to assume care for a client who needs services outside a midwife's scope of practice:
 - i. The name of each new physician, and
 - ii. A letter from each new physician agreeing to assume care for a client who needs services outside a midwife's scope of practice.
- C. 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 infant has been delivered by the midwife, or
 - c. An infant delivered by the midwife has died within the first 28 calendar days of life; 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.

- D.** A midwife shall:
1. Maintain documentation of:
 - a. Current certification in:
 - i. Adult basic cardiopulmonary resuscitation that meets the requirements in R9-16-102(A)(7)(b)(i), and
 - ii. Neonatal resuscitation that meets the requirements in R9-16-102(A)(7)(b)(ii);
 - 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 the documentation in subsection (D)(1) to the Department within 2 working days after the Department's request.

R9-16-105. Initial License Fee; Renewal; Continuing Education

- ~~A. An applicant who qualifies for initial licensure shall submit a \$25 licensing fee.~~
- ~~B. For purposes of renewal of license, each licensee shall, in accordance with A.R.S. § 36-754(C), file the following with the Department:~~
- ~~1. An application for renewal on the form set forth in Exhibit D.~~
 - ~~2. A \$25 renewal fee.~~
 - ~~3. A signed affidavit as evidence of completion of the continuing education requirement, pursuant to subsection (C), for courses which have been approved by either the American Nurses Association, the American College of Obstetrics and Gynecologists, Midwives Alliance of North America, Arizona Medical Association, or the American College of Nurse-Midwives.~~
 - ~~4. Evidence of current certification by the American Heart Association in cardiopulmonary resuscitation for the adult and by the American Academy of Pediatrics in newborn resuscitation.~~
- ~~C. During the term of a license, a licensed midwife shall obtain 10 continuing education units which are related to maintaining the skills and judgment necessary to:~~
- ~~1. Assess a client for acceptance and monitor the client's ongoing condition;~~
 - ~~2. Plan and manage care during the normal prenatal, intrapartum, and postpartum periods;~~
 - ~~3. Intervene when the client's condition deviates from normal.~~

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4. Provide emergency assistance, as permitted by these rules, until medical care can be obtained;
5. Offer anticipatory guidance and support on an ongoing basis for the client and family including nutritional counseling, substance abuse cessation, encouragement for early and continuous care for mother and infant, and motivate the client to establish a relationship with a primary care provider; and
6. Provide referral services to medical and community services as appropriate for the client's needs.

D. A midwife shall submit a written request and a fee of \$10.00 to receive a duplicate license.

During the term of a midwifery license, a midwife shall obtain at least 10 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 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.

EXHIBIT D. ~~RENEWAL APPLICATION FORM~~ Repealed
ARIZONA DEPARTMENT OF HEALTH SERVICES
FAMILY HEALTH SERVICES
WOMEN'S AND CHILDREN'S HEALTH
APPLICATION FOR BIENNIAL RENEWAL OF MIDWIFE LICENSE

1. NAME: _____ 2. MIDWIFE LICENSE NUMBER: _____
Last First Middle

3. SOCIAL SECURITY NUMBER: _____ 4. DATE OF BIRTH: _____
(day/month/year)

5. HOME ADDRESS: _____
_____ () _____

Street Address _____ Area Code/Telephone Number

Mailing Address (if different from street address)

City County State Zip

6. BUSINESS ADDRESS: _____

Business Title _____

_____ () _____

Street Address Area Code/Telephone Number

Mailing Address (if different from street address)

City County State Zip

7. CONSUMER LISTING:
A listing of the licensed midwives is maintained for ADHS use. Consumers and various groups request copies of the listing of licensed midwives. Do you wish to have your name on this list? Yes _____ No _____

If yes, which name, address, and phone number would you like to have on that list?

Name and Business Title

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Street or Post Office Box _____ Area Code/Telephone Number

City County State Zip

8. ATTENDING DELIVERIES:

1) If you do not plan to attend any births during the next licensure period (July 1 to June 30), please complete the following statement. I do not plan to attend any deliveries as a licensed midwife from July 1, _____ to June 30, _____.

Signature: _____

2) If you do attend births after signing this statement, you must submit quarterly reports.

9. MIDWIFERY PRACTICE:

1) Have you had any maternal deaths during the past licensure period? Yes _____ No _____. If yes, give client name and number.

2) Have you delivered any stillborn infants during the past licensure period? Yes _____ No _____. If yes, give client name and number.

3) Have any of the infants you delivered died within the first 28 days of life? Yes _____ No _____. If yes, give client name and number.

10. Do you have any communicable diseases (i.e., tuberculosis, rubella, hepatitis, etc.)? Yes _____ No _____. If yes, please explain on a separate sheet of paper.

11. Besides your midwifery license, do you hold any other licenses in Arizona as a health care provider (i.e., R.N., E.M.T., N.D., etc.)?

Yes _____ No _____. If yes, what other licenses do you hold? _____

12. Have you been convicted of a felony or a misdemeanor (besides a traffic ticket) during the past licensure period? Yes _____ No _____.

If yes, please explain on a separate sheet of paper.

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-
13. What are the backup facilities you expect to use?

Name Address

1) Hospitals: _____

2) Physicians: _____

3) Other: _____

I certify that the above information is true, complete, and correct.

Signature: _____ Date of Application _____

Attach affidavit of continuing education.

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Date Renewal Notice Sent _____ Date Renewal Form Returned _____

Application returned on _____ for _____

Date completed application received _____ License Renewal Granted: Yes _____ No _____ Other _____

Effective Date of License _____ Application Reviewed by _____

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R9-16-105.01. Time-frames Repealed

- A. ~~The overall time frame described in A.R.S. § 41-1072(2) for each type of approval granted by the Department is specified in Table 1. The applicant 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 approval granted by the Department is specified in Table 1.~~
 - 1. ~~The administrative completeness review time frame begins:~~
 - a. ~~For an applicant submitting the application in R9-16-103, when the Department receives the application packet required in R9-16-103;~~
 - b. ~~For an applicant who is requesting approval to take the oral part of the midwifery examination, when the applicant completes taking the written part of the midwifery examination;~~
 - c. ~~For an applicant for licensure, when the applicant completes taking the practical part of the midwifery examination; and~~
 - d. ~~For a licensed midwife applying to renew a midwifery license, when the Department receives the application required in R9-16-105.~~
 - 2. ~~If an application submitted under R9-16-103 is:~~
 - a. ~~Incomplete, the Department shall provide a deficiency notice to the applicant 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 deficiency notice. An applicant shall submit to the Department the documentation or information listed in the deficiency notice within the time specified in Table 1 for responding to a deficiency notice.~~
 - i. ~~If the applicant submits the documentation or information listed in the deficiency notice within the time specified in Table 1, the Department shall provide a written notice of administrative completeness to the applicant.~~
 - ii. ~~If the applicant does not submit the documentation or information listed in the deficiency notice within the time specified in Table 1, the~~

- ~~Department considers the application withdrawn and shall return the application packet to the applicant; or~~
- ~~b. Complete, the Department shall provide a notice of administrative completeness to the applicant.~~
 - 3. If an applicant takes and submits a part of the midwifery examination in R9-16-104 and the examination part is:
 - ~~a. Incomplete, the Department shall provide a deficiency notice to the applicant stating that the applicant's examination part is incomplete and identifying the date of the next scheduled examination. The administrative completeness review time-frame and the overall time frame are suspended from the date of the notice until the Department receives a completed part of the midwifery examination; or~~
 - b. Complete, the Department shall provide a written notice of administrative completeness to the applicant.
 - C. The substantive review time frame described in A.R.S. § 41-1072(3) is specified in Table 1 and begins to run on the date of the notice of administrative completeness.
 - 1. If an application submitted under R9-16-103 or R9-16-105:
 - a. Does not comply with the requirements in this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall provide a written request for additional information to the applicant.
 - i. If the applicant does not submit the additional information within the time specified in Table 1 or the additional information submitted by the applicant does not demonstrate compliance with this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall provide the applicant a written notice of denial that complies with A.R.S. § 41-1092.03(A); or
 - ii. If the applicant submits the additional information within the time specified in Table 1 and the additional information submitted by the applicant demonstrates compliance with this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall provide a written notice of approval to take the examination to the applicant; or
 - b. Complies with the requirements in this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall provide a written notice of approval to take the examination to the applicant.;
 - 2. If the Department determines that an applicant:

- a. Failed to take any part of the midwifery examination within the time specified in subsection (F), the Department shall provide a written notice to the applicant requiring the applicant to submit a new application in R9-16-403;
 - b. Failed any part of the midwifery examination, the Department shall provide a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to the applicant; or
 - c. Passed all parts of the midwifery examination, the Department shall issue a midwifery license to the applicant.
3. If an application for renewal of a midwifery license in R9-16-105:
- a. Does not comply with the requirements in this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall provide a comprehensive request for additional information to the applicant;
 - i. If the applicant does not submit the additional information within the time specified in Table 1 or the additional information submitted does not demonstrate compliance with the requirements in this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall provide a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to the applicant; or
 - ii. If the applicant submits the additional information within the time specified in Table 1 and the additional information demonstrates compliance with the requirements in this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall issue a midwifery renewal license to the applicant; or
 - b.k Complies with the requirements in this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall issue a midwifery renewal license to the applicant.
- D. If an applicant receives a written notice of appealable agency action under subsection (C)(2)(b) or (C)(3)(a)(i), the applicant may file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action. The appeal shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.
- E. If the Department grants approval of an application or approval to take a part of the midwifery examination or renews a midwifery license during the administrative completeness review time frame, the Department shall not issue a separate written notice of administrative completeness.

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- F. If an applicant does not take a part of the midwifery examination within 12 months of the Department's approval to take the midwifery examination, the applicant shall, before taking any part of the midwifery examination:
1. ~~Submit a new application for Department approval and the application fee required in R9-16-103;~~
 2. ~~Receive Department approval to take the midwifery examination; and~~
 3. ~~Submit the nonrefundable examination fee required in R9-16-104.~~
- G. ~~If a time frame's last day falls on a Saturday, Sunday, or a legal holiday, the Department considers the next business day as the time frame's last day.~~

Table 1. Time-frames

| Type of Approval | Statutory Authority | Overall Time-Frame | Administrative Completeness Review Time-Frame | Time to Respond to Deficiency Notice | Substantive Review Time Frame | Time to Respond to Comprehensive Written Request |
|---|--------------------------------------|--------------------|---|--------------------------------------|-------------------------------|--|
| Approval of application in R9-16-103 | A.R.S. §§ 36-753, 36-754, and 36-755 | 75 days | 30 days | 60 days | 45 days | 120 days |
| Approval to take oral midwifery examination (R9-16-104) | A.R.S. § 36-755 | 75 days | 15 days | 180 days | 60 days | 180 days |
| Initial Licensure (R9-16-104) | A.R.S. §§ 36-753, 36-754, and 36-755 | 45 days | 30 days | 60 days | 15 days | 30 days |
| Midwifery License Renewal (R9-16-105) | A.R.S. § 36-754 | 60 days | 30 days | 30 days | 30 days | 15 days |

R9-16-106. Name Change; Duplicate License

- A. To request a name change on a midwifery license or a duplicate midwifery license, a 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.
 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.

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.

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.

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- 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).
- 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)

| <u>Type of Approval</u> | <u>Statutory Authority</u> | <u>Overall Time-Frame</u> | <u>Administrative Completeness Review Time-Frame</u> | <u>Time to Respond to Notice of Deficiency</u> | <u>Substantive Review Time-Frame</u> | <u>Time to Respond to Comprehensive Written Request</u> |
|---|---|---------------------------|--|--|--------------------------------------|---|
| <u>Eligibility for Jurisprudence Test (R9-16-102)</u> | <u>A.R.S. §§ 36-753, 36-754, and 36-755</u> | <u>30</u> | <u>15</u> | <u>60</u> | <u>15s</u> | <u>30</u> |
| <u>Midwifery License Renewal (R9-16-105)</u> | <u>A.R.S. § 36-754</u> | <u>30</u> | <u>15</u> | <u>30</u> | <u>15</u> | <u>15</u> |

R9-16-106. R9-16-108. Responsibilities of the Licensed Midwife; Scope of Practice

- A. A midwife shall provide care only to clients determined to be low risk.
- B. A midwife shall maintain all instruments used for delivery in an aseptic manner and other birthing equipment and supplies in clean and good condition.
- C. A midwife shall both initially and periodically thereafter assess a client's physical condition in order to establish the client's continuing eligibility to receive midwifery services.
- D. A midwife shall inform clients, both orally and in writing, of the midwife's scope of practice; the risks and benefits of home birth; the required tests and potential risks to a newborn if refused, and the need for written documentation of client's refusal; the use of a physician or medical facility for the provision of emergency consultation or services; midwife facilitation of the transfer of care to the physician or medical facility; and the midwife's termination of care should certain medical conditions arise or the client refuses intervention. A written informed consent shall be signed by the client upon acceptance for midwifery care.

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E. Initial care and care during the prenatal period shall be provided as follows:

1. The following tests shall be scheduled or ordered during the first visit:
 - a. Blood type, including ABO and Rh, with antibody screen;
 - b. Urinalysis;
 - c. Hematocrit, hemoglobin, or complete blood count, initially and rechecked at 28 to 36 weeks of the pregnancy;
 - d. Syphilis, gonorrhea, and chlamydia testing, unless a written refusal for gonorrhea or chlamydia testing is obtained from the client;
 - e. Rubella titer; and
 - f. One-hour blood glucose screening test for diabetes, between 24 to 28 weeks of the pregnancy.
2. Prenatal visits shall be conducted at least every 4 weeks until 28 weeks gestation, every 2 weeks from 28 weeks until 36 weeks gestation, and weekly thereafter, and each shall include:
 - 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 as appropriate for ultrasound or other studies recommended based upon examination or history;
 - d. Recommendation of administration of the drug RhoGam to unsensitized Rh negative mothers after 28 weeks, or any time bleeding or invasive uterine procedures are done, or midwife administration of RhoGam under physician's written orders; and
 - e. Fetal movement counts by client beginning at 28 weeks gestation.
3. Fetal heart tones with fetoscope and documentation of first quickening shall begin between 18 and 20 weeks gestation and weekly visits shall be conducted until these signs have occurred. If these signs do not occur by 22 weeks gestation, medical consultation shall be initiated.
4. A visit shall be made to the client's home prior to 35 weeks gestation to ensure that the birthing environment is appropriate for birth and that a working telephone or citizen's band radio is available.

F. Care during the intrapartum period shall be provided as follows:

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1. The midwife shall initially 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. Evaluating the presence of bloody show;
 - d. Reviewing with the client the need for an adequate fluid intake, relaxation, activity, and emergency management; and
 - e. Deciding whether to go to client's home, remain in telephone contact, or arrange for transfer of care or consultation.
2. During labor, the condition of the mother and fetus shall be assessed upon initial contact, every half hour in active labor until completely dilated, and every 15 to 20 minutes during pushing, after the bag of water has ruptured or until the newborn is delivered. Care shall include the following:
 - a. Checking of vital signs every 2 to 4 hours and an initial physical assessment of the mother;
 - 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 position by vaginal examination;
 - d. Determination of the progress of active labor for primiparas by determining if dilation occurs at an average of 1 cm/hr until completely dilated, and a second stage not to exceed 2 hours;
 - e. Determination of a normal progress of active labor for multigravidas by determining if dilation occurs at an average of 1.5 to 2 cm/hr until completely dilated, and a second stage not to exceed 1 hour;
 - f. Maintenance of proper fluid balance for the mother throughout labor as determined by urinary output and monitoring urine for presence of ketones, at least every 2 hours; and
 - g. Assisting in support and comfort measures to the mother and family.
3. After delivery of the newborn, care shall include the following:

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- 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 mother's perineum for lacerations; and
 - d. Delivery of the placenta within 40 minutes during which time the midwife shall assess for signs of separation, frank or occult bleeding, examine for intactness, and determine the number of umbilical cord vessels.
4. The responsibility of the midwife shall include recognition of and response to any situation requiring immediate intervention.
- G. A midwife shall provide the following care during the postpartum period:
1. During the immediate postpartum period of 2 hours after delivery of the placenta, care of the mother shall include:
 - a. Taking of vital signs of the mother with 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 mother to urinate within 2 hours following the birth;
 - c. Evaluating the perineum for tears, bleeding, or blood clots;
 - d. Assisting with maternal and infant bonding;
 - e. Assisting with initial breast feeding, instructing the mother in the care of the breast, and reviewing potential danger signs, if appropriate;
 - f. Providing instruction and support to the family to ensure adequate fluid and nutritional intake, rest, and type of exercise allowed, normal and abnormal bleeding, bladder and bowel function, appropriate baby care, and any danger signals with appropriate emergency phone numbers;
 - g. Recommending the drug RhoGam or administering it, under written physician's orders, to an unsensitized Rh-negative mother who delivers an Rh-positive newborn. Administration shall occur not later than 72 hours after birth.
 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. Apply erythromycin optic ointment or other preparation specifically approved by the Director to each of the newborn's eyes in accordance with A.A.C. ~~R9-6-718~~ R9-6-332; and

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- c. Recommend or administer Vitamin K under physician's written orders to the newborn. Administration shall occur not later than 72 hours after birth.
3. Any abnormal or emergency situation shall be evaluated and consultation or intervention sought in accordance with these rules.
4. The condition of the mother 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 mother'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 ~~Regional Genetic Screening Laboratory, P.O. Box 17123, Denver, Colorado 80217, Arizona State Laboratory for metabolic screening for common genetic disorders, within 72 hours of the birth~~ newborn screening according to 9 A.A.C. 13, Article 2, unless a written refusal is obtained from the client and documented in the newborn's record.
 - d. Recommendation to the mother to secure medical follow-up for her newborn; and
 - e. Advice on the necessity of family planning interventions for the couple.
- H. The midwife shall file a birth certificate with the local registrar within seven days after the birth of the newborn.

~~R9-16-108.~~ R9-16-109. Prohibited Practice; Transfer of Care

- A. A licensed midwife shall not accept for care and shall not during pregnancy, labor and delivery, and postpartum knowingly continue to provide care to, and shall immediately transfer care of, any women who has or develops any of the following conditions or circumstances:
 1. A previous Cesarean section or other known uterine surgery;
 2. A history of severe postpartum bleeding, of unknown cause, which required transfusion;
 3. Deep vein thrombophlebitis or pulmonary embolism;

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4. Insulin-dependent diabetes, hypertension, heart disease, kidney disease, blood disease, Rh disease with positive titers, active tuberculosis, or active syphilis;
 5. Active hepatitis or active gonorrhea until treated and recovered, following which midwife care may resume;
 6. An unsafe location for delivery;
 7. A blood pressure of 140/90 or an increase of 30mm Hg systolic or 15mm Hg diastolic over client's lowest baseline blood pressure for two consecutive readings taken at least six hours apart;
 8. A persistent hemoglobin level below 10g or a hematocrit below 30 during the third trimester;
 9. Primary genital herpes simplex infection in the first trimester or has active genital herpes at the onset of labor;
 10. A pelvis that will not safely allow a baby to pass through during labor;
 11. A severe psychiatric illness evident during assessment of client's preparation for birth, or a history of severe psychiatric illness in the six-month period prior to pregnancy;
 12. An addiction to alcohol, narcotics, or other drugs;
 13. Prematurity or labor beginning before 36 weeks gestation;
 14. Multiple gestation in the current pregnancy;
 15. Gestational age greater than 34 weeks with no prior prenatal care;
 16. A gestation beyond 42 weeks;
 17. Presence of ruptured membranes without onset of labor within 24 hours;
 18. Abnormal fetal heart rate of below 120 beats per minute or above 160 beats per minute;
 19. Presence of thick meconium, blood-stained amniotic fluid, or abnormal fetal heart tones;
 20. A postpartum hemorrhage of greater than 500cc in the current pregnancy;
 21. A nonbleeding placenta retained more than 40 minutes; and
 22. Expressed wishes of the client or family.
- B. A midwife shall not perform any operative procedures except as provided in R9-16-110.
- C. 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.
- D. A midwife shall not administer drugs or medications except as provided in R9-16-110 and R9-16-106(E)(2)(d), (G)(1)(g), and (G)(2)(c).
- E. A midwife shall not knowingly continue and shall transfer care of any newborn in whom any of the following conditions are present:
1. Birth weight less than 2000 grams;

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2. Pale, blue, or gray color after 10 minutes;
3. Excessive edema;
4. Major congenital anomalies; or
5. Respiratory distress.

R9-16-109, R9-16-110. Required Consultation

- A. The midwife shall obtain medical consultation to obtain a recommendation for treatment, referral, or transfer of care at the time any client is determined to have any of the following circumstances or conditions during the current pregnancy:
1. Testing positive for HIV;
 2. History of seizure disorder;
 3. History of stillbirth, premature labor, or parity greater than 5;
 4. Is younger than 16 years of age or a primigravida older than 40 years of age;
 5. Failure to auscultate fetal heart tones by 22 weeks gestational age;
 6. Refusal of Rh blood work or treatment;
 7. Failure to gain 12 pounds by 30 weeks gestation or gaining more than 8 pounds in any two-week period during pregnancy;
 8. Severe, persistent headaches, with visual disturbances, stomach 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 20 weeks gestation;
 11. Symptoms of decreased fetal movement;
 12. A fever of 100.4° F or 38° C twice at 24 hours apart;
 13. Effacement or dilation of the cervix, greater than a fingertip, accompanied by contractions, prior to 36 weeks gestation;
 14. Measurements for fetal growth are not within 2cm of the gestational age;
 15. Second degree or greater lacerations of the birth canal;
 16. An abnormal progression of labor;
 17. An unengaged head at 7 centimeters dilation in active labor;
 18. An abnormal presentation after 36 weeks;
 19. Failure of the uterus to return to normal size in the current postpartum period; or
 20. Persistent shortness of breath requiring more than 24 breaths per minute, or breathing which is difficult or painful.

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- B. A midwife shall obtain medical consultation to obtain a recommendation 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 lbs., 8 oz.;
 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 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.

~~R9-16-110.~~ R9-16-111. Emergency Measures

- A. A licensed midwife shall, before the arrival of emergency medical personnel, perform the following procedures only in an emergency situation in which the health and safety of the mother or newborn are determined to be at sufficient risk:
1. Cardiopulmonary resuscitation of the mother or newborn with a bag and mask;
 2. Administration of oxygen at no more than 8 liters per minute via mask for the mother 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, contingent upon physician consultation or standing orders of physician;
 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 licensed midwife may administer a maximum does of 20 units of pitocin intramuscularly, in 10-unit dosages each, 30 minutes apart, to a client for the control of postpartum hemorrhage, contingent upon physician consultation or standing orders by a physician, and arrangements for immediate transport of the client to a hospital.

R9-16-112. Expired

R9-16-107. ~~R9-16-112.~~ Recordkeeping and Report Requirements Client and Newborn Records

- A. ~~Each midwife shall establish and maintain a record of the care provided and data gathered for each client.~~
- B. ~~Information in the client's record shall be released by the midwife only with the written consent of the client, legal guardian, or as otherwise provided by law.~~
- C. ~~If a client is a minor, informed consent shall be signed by the parent or legal guardian except as provided in A.R.S. § 44-132 and shall be filed in the client's record.~~
- D. ~~A midwife shall make records available to other health care providers engaged in the care and treatment of the client and upon request by the Department for periodic quality review.~~
- E. ~~A midwife shall maintain evidence of medical evaluation and physician visits in the client's record. Such evidence shall consist of either a report signed by the physician, a copy of the medical and physician notes, or other documentation received from the physician or medical provider.~~
- F. ~~A midwife shall enter a date for each entry in the prenatal record and the postpartum record. A date and time shall be recorded for each entry in the labor record. Each entry shall be initialed or signed by the midwife. If initials are used, the midwife shall sign on the same page.~~
- G. ~~Each licensed midwife shall submit a client summary report for each client to the Department. Such reports shall be submitted within 15 days after the close of each quarter on the form set forth as Exhibit E.~~
- H. ~~Each client's record shall contain the following information, as applicable:~~
- ~~1. Client identification sheet, including name, address, date of birth, sex, next of kin, spouse or other designated person, directions to the client's home, telephone number, and marital status;~~
 - ~~2. Health history sheet including pre-existing conditions or surgeries, previous pregnancies, physical examination, nutritional status, and a written assessment of risk factors with an intervention plan when risk factors that require termination of the agreement are present;~~

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3. ~~Progress notes of all encounters with the midwife and other health care consultants, in chronological order, documenting any actions, guidance, and consultations, with copies if appropriate;~~
 4. ~~Laboratory and diagnostic reports;~~
 5. ~~Written informed consent which is signed by the client.~~
- A. A midwife shall ensure that a record is established and maintained according to A.R.S. § 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, and address;
 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 signed by the client;
 4. The date the midwife began providing midwifery services to the client;
 5. The date the client is expected to deliver the newborn;
 6. The date the newborn was delivered, if applicable;
 7. An initial assessment of the client to:
 - a. Rule out that the client has a history of a condition or circumstance that would preclude care of the client by a midwife;
 - 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;
 8. Progress noted documenting the midwifery services provided to the client;
 9. Laboratory and diagnostic reports;
 10. Medical consultations made about the client and the reason for each medical consultation;
 11. A description of any conditions or circumstances arising during the pregnancy that required the transfer of care;
 12. The name of the physician or hospital to which the care of the client was transferred, if applicable;
 13. Documentation of medications provided to the client;
 14. The outcome of the pregnancy;

15. The date the midwife stopped providing midwifery services to the client, if applicable;
and
 16. 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 noted documenting the midwifery services provided to the newborn;
 5. Laboratory and diagnostic reports;
 6. Medical consultations made about the newborn and the reason for each medical consultation;
 7. A description of any conditions or circumstances arising during or after the newborn's birth that required the transfer of care;
 8. The name of the physician or hospital to which the care of the newborn was transferred, if applicable;
 9. Documentation of medications provided to the newborn;
 10. Documentation of newborn screening;
 11. The date the midwife stopped providing midwifery services to the newborn, if applicable;
and
 16. Instructions provided to the client about the newborn before the midwife stopped providing midwifery services to the newborn.

~~EXHIBIT E. INDIVIDUAL QUARTERLY REPORT~~ Repealed

~~ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF MATERNAL AND CHILD HEALTH
MIDWIVES QUARTERLY REPORT~~

MIDWIFE

1. |_|_|_|_|_| 2. |_|_|_|_|_|
LIC. NO. QTR. YR.

REPORT PREPARED BY DATE

-
3. PATIENT: _____

LAST FIRST MAIDEN

4. D.O.B. |_|_|_|_|_|_|_|_| 5. |_|_|_|_| 6. |_|_|_|_|
MO. DAY YR. AGE PT. NO.

7. REGISTERED: _____ 8. E.D.C. _____ 9. DELIVERED: _____
|_|_|_|_|_|_|_|_| |_|_|_|_|_|_|_|_| |_|_|_|_|_|_|_|_|
MO. DAY YR. MO. DAY YR. MO. DAY YR.

10. GRAVIDA: |_|_|_| 11. PARA. TERM: |_|_|_| PREMATURE: |_|_|_| ABORTIONS: |_|_|_| LIVING |_|_|_|

*12. PREV. HOME BIRTH: YES/NO * 13. REASON FOR CHOOSING H.B.: _____

-
ANTEPARTUM:

14. NO. MIDWIFE VISITS: _____ 15. NO. MEDICAL VISITS: _____

16. MEDICAL VISITS BY: _____ MD/DO/OTHER: _____

17. DATES OF FIRST AND LAST MEDICAL VISITS: _____

18. TOTAL WEIGHT GAIN: |_|_|_| LBS.

FORMAL ARRANGEMENT FOR MEDICAL BACK UP:

19. PHYSICIAN: _____, MD/DO 20. HOSPITAL: _____

21. MIDWIFE CARE TERMINATED AT |_|_|_| WKS. GEST. 22. REASON: _____

(ENTER CODE NO. FROM BACK)

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LABORATORY DATA: (MOST RECENT)

| STUDY | RESULT | WKS. GEST. | STUDY | RESULT | WKS. GEST. |
|-----------------|-----------------|------------|---------------------|-------------|------------|
| Hemoglobin | 23. | 24. | Ua/Glucose | 37. Pos/Neg | 38. |
| Hematoerit | 25. | 26. | Ua/Protein | 39. Pos/Neg | 40. |
| Serology | 27. Pos/Neg | 28. | *Ua/Ketones | 41. Pos/Neg | 42. |
| *Rubella Titer | 29. >1:10/<1:10 | 30. | *Ua/Microscopi e | 43. Pos/Neg | 44. |
| Rh Factor | 31. Pos/Neg | 32. | *G.C. Culture | 45. Pos/Neg | 46. |
| *Antibody Titer | 33. Pos/Neg | 34. | ‡ | 47. | 48. |
| - | - | - | ‡ | 49. | 50. |
| *Pap Smear | 35. Class _____ | 36. | ‡ | 51. | 52. |

LABOR/DELIVERY:

LOCATION OF: 53. LABOR _____ 54. DELIVERY _____

55. FIRST STAGE |__|__|__|__|_ 56. SECOND STAGE |__|__|__|__|_ 57. THIRD STAGE |__|__|__|__|_
_____ HRS. MINS. _____ HRS. MINS. _____ HRS. MINS.

58. ROM TO DEL: |__|__|__|__|_ 59. E.B.L. |__|__|__|__|_ ml.
_____ HRS. MINS.

NEWBORN:

60. SEX: MALE/FEMALE _____ 61. WT. |__|__|__|__|_ gm. _____ 62. LENGTH |__|__|_ cm.

63. H.C. |__|__|_ cm. _____ 64. EST. GEST. AGE |__|__|_ WKS. _____ 65. SGA / AGA / LGA _____

APGAR SCORE: 68. 1 MIN. _____ 67. 5 MINS. _____ 68. NO. CORD VESSELS |__|

69. EYE PROPHYLAXIS: NO/YES: _____ 70. DATE OF METABOLIC SCREENING |__|__|__|__|__|__|__|_
_____ (AGENT) _____ MO. DAY YR.

FOLLOWUP: 71. RhoGam: YES/NO _____ 72. FIRST MIDWIFE VISIT AT: 24 HRS./24 48 HRS./48 72 HRS./Other: _____

73. TOTAL NO. VISITS: _____ 74. VISITS BY _____ L.M./S.M./OTHER

ROUTINE PHYSICIAN EVALUATION _____ 75. MOTHER: YES/NO _____ 76. BABY: YES/NO

LIMITATIONS/COMPLICATIONS/CONSULTATIONS/TRANSFER: (FROM INITIAL WORK UP THROUGH FOLLOW-UP)

77. _____ NONE _____ YES: (Detail on back)

*OPTIONAL

ORIGINAL TO ADHS

COPY TO MIDWIFE

EXHIBIT E. INDIVIDUAL QUARTERLY REPORT (continued)

**MIDWIFE QUARTERLY REPORT
CLIENT CONDITIONS / COMPLICATIONS**

Check (☐) any of the following conditions/limitations/complications encountered. Complete a CONSULTATION/TRANSPORT SUMMARY if client or newborn required transport and/or transfer to physician care, or if you have additional information/comments to provide.

| | | | |
|--|---|--|--|
| <p>INITIAL WORKUP</p> <p><input type="checkbox"/> 1. Age 15-18 Yrs.</p> <p><input type="checkbox"/> 2. Age >35 Yrs.</p> <p><input type="checkbox"/> 3. Parity > 4</p> <p><input type="checkbox"/> 4. Congenital Defects of Reprod. Organs</p> <p><input type="checkbox"/> 5. Abn. Findings on Physical Exam</p> | <p>HISTORY OF:</p> <p><input type="checkbox"/> 6. Stillbirth</p> <p><input type="checkbox"/> 7. Neonatal Death</p> <p><input type="checkbox"/> 8. Difficult Dr./Depressed Infant</p> <p><input type="checkbox"/> 9. Birth trauma to mother/infant</p> <p><input type="checkbox"/> 10. Pre-eclampsia/Eclampsia</p> | <p>HISTORY OF:</p> <p><input type="checkbox"/> 11. Preterm or LBW infants (2500gms/5 1/2 lbs.)</p> <p><input type="checkbox"/> 12. Infants 4500gm/10 lbs. or greater</p> <p><input type="checkbox"/> 13. Postpartum hemorrhage/transfusion</p> <p><input type="checkbox"/> 14. Other: _____</p> | <p>CONSULTATION</p> <p>15. Dr. _____</p> <p>16. Date _____</p> <p>17. Approved for home birth: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>ANTEPARTUM</p> <p><input type="checkbox"/> 18. Elevated BP</p> <p><input type="checkbox"/> 19. Edema, Hands/face</p> <p><input type="checkbox"/> 20. Persistent headaches</p> <p><input type="checkbox"/> 21. Visual disturbances</p> <p><input type="checkbox"/> 22. Seizures</p> <p><input type="checkbox"/> 23. Severe Abdom. Pain</p> | <p>-</p> <p><input type="checkbox"/> 24. Bleeding 1st or 2nd Trimester</p> <p><input type="checkbox"/> 25. Bleeding 3rd Trim.</p> <p><input type="checkbox"/> 26. U.T.I.</p> <p><input type="checkbox"/> 27. HGB < 10 gm/or HCT < 30%</p> <p><input type="checkbox"/> 28. Varicosities, vulva/legs</p> | <p>-</p> <p><input type="checkbox"/> 29. Elevated Temp.</p> <p><input type="checkbox"/> 30. 42 Wks. Gestation</p> <p><input type="checkbox"/> 31. Excessive vomiting</p> <p><input type="checkbox"/> 32. Persistent Ketonuria</p> <p><input type="checkbox"/> 33. Wt. Gain < 10 lb. at Term</p> <p><input type="checkbox"/> 34. Shortness of Breath</p> <p><input type="checkbox"/> 35. Chest Pain</p> <p><input type="checkbox"/> 36. Other: _____</p> | <p>CONSULTATION</p> <p>37. Dr. _____</p> <p>38. Date _____</p> <p>39. Approved for continued Midwife care: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>FETUS</p> <p><input type="checkbox"/> 40. Abn. Growth Pattern</p> <p><input type="checkbox"/> 41. Expos. to Teratogens</p> <p><input type="checkbox"/> 42. Excessive Activity</p> <p><input type="checkbox"/> 43. Decreased Activity</p> | <p>-</p> <p><input type="checkbox"/> 44. FHT < 100</p> <p><input type="checkbox"/> 45. FHT > 160</p> <p><input type="checkbox"/> 46. Irreg. FHT</p> <p><input type="checkbox"/> 47. Cord. Prolapse</p> | <p>-</p> <p><input type="checkbox"/> 48. Meconium Staining</p> <p><input type="checkbox"/> 49. Multiple Gestation</p> <p><input type="checkbox"/> 50. Other: _____</p> | <p>CONSULTATION</p> <p>51. Dr. _____</p> <p>52. Date _____</p> <p>53. Approved for continued Midwife care: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>INTRAPARTUM</p> <p><input type="checkbox"/> 54. Bleeding 1st or 2nd Stage</p> <p><input type="checkbox"/> 55. Elevated BP</p> <p><input type="checkbox"/> 56. Elevated Temp.</p> <p><input type="checkbox"/> 57. Pres. not Vertex</p> <p><input type="checkbox"/> 58. Unengaged Head</p> <p><input type="checkbox"/> 59. Premature ROM</p> <p><input type="checkbox"/> 60. Prolonged ROM</p> <p><input type="checkbox"/> 61. Premature Labor</p> | <p>-</p> <p><input type="checkbox"/> 62. Prolonged 1st Stage</p> <p><input type="checkbox"/> 63. Prolonged 2nd Stage</p> <p><input type="checkbox"/> 64. Persistent Ketonuria</p> <p><input type="checkbox"/> 65. Difficult Delivery/Shoulder Dystocia</p> <p><input type="checkbox"/> 66. Hemorrhage in 3rd Stage or within 24 hours</p> <p><input type="checkbox"/> 67. Retained Placenta</p> <p><input type="checkbox"/> 68. Retained fragments of Membranes</p> | <p>-</p> <p><input type="checkbox"/> 69. Uterine Atony</p> <p><input type="checkbox"/> 70. Laceration, 1°</p> <p><input type="checkbox"/> 71. Laceration, 2°</p> <p><input type="checkbox"/> 72. Laceration, 3°</p> <p><input type="checkbox"/> 73. Laceration, 4°</p> <p><input type="checkbox"/> 74. Laceration, periurethral</p> <p><input type="checkbox"/> 75. Shock</p> <p><input type="checkbox"/> 76. Other: _____</p> | <p>CONSULTATION</p> <p>77. Dr. _____</p> <p>78. Date _____</p> <p>79. Time _____</p> <p>80. Approved for continued Midwife care: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

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| | | | |
|---|--|--|--|
| <p>INFANT</p> <p><input type="checkbox"/> 81. APGAR < 5 @ 1 Min.</p> <p><input type="checkbox"/> 82. APGAR < 7 @ 5 Min.</p> <p><input type="checkbox"/> 83. Respiratory Distress</p> <p><input type="checkbox"/> 84. O2 Given</p> <p><input type="checkbox"/> 85. Assisted Ventilation</p> <p><input type="checkbox"/> 86. Cardiac Massage</p> <p><input type="checkbox"/> 87. Pale/Cyanotic/Gray</p> <p><input type="checkbox"/> 88. Meconium Stained</p> <p><input type="checkbox"/> 89. Foul Odor</p> <p><input type="checkbox"/> 90. Abn. Head Circ.</p> | <p>-</p> <p><input type="checkbox"/> 91. Congenital Anomaly</p> <p><input type="checkbox"/> 92. Preterm</p> <p><input type="checkbox"/> 93. Post Term</p> <p><input type="checkbox"/> 94. < 2500 gm/5 1/2 lbs.</p> <p><input type="checkbox"/> 95. > 4500 gm/10 lbs.</p> <p><input type="checkbox"/> 96. SGA</p> <p><input type="checkbox"/> 97. LGA</p> <p><input type="checkbox"/> 98. Flushed/Red</p> <p><input type="checkbox"/> 99. Abnormal Cord</p> <p><input type="checkbox"/> 100. Abnormal Cry</p> | <p>-</p> <p><input type="checkbox"/> 101. Jitteriness not resolved by feeding</p> <p><input type="checkbox"/> 102. Abnormal Temp.</p> <p><input type="checkbox"/> 103. Abn. finding on P.E.</p> <p><input type="checkbox"/> 104. No urination in 24 hours</p> <p><input type="checkbox"/> 105. No Meconium in 24 hours</p> <p><input type="checkbox"/> 106. Abdominal Distention</p> <p><input type="checkbox"/> 107. Jaundice</p> <p><input type="checkbox"/> 108. Poor Feeding</p> <p><input type="checkbox"/> 109. Other: _____</p> | <p>CONSULTATION</p> <p>110. Dr. _____</p> <p>111. Date _____</p> <p>112. Time _____</p> <p>113. Approved for continued Midwife care: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>POSTPARTUM</p> <p><input type="checkbox"/> 114. Hemorrhage after 24 hours</p> <p><input type="checkbox"/> 115. Subinvolution</p> <p><input type="checkbox"/> 116. Uterine Infection</p> | <p>-</p> <p><input type="checkbox"/> 117. Unable to Void in 6 hours</p> <p><input type="checkbox"/> 118. Urinary Tract inf.</p> <p><input type="checkbox"/> 119. Breast Infection</p> | <p>-</p> <p><input type="checkbox"/> 120. Thrombophlebitis (positive Homan's sign)</p> <p><input type="checkbox"/> 121. Depression</p> <p><input type="checkbox"/> 122. Other: _____</p> | <p>CONSULTATION</p> <p>123. Dr. _____</p> <p>124. Date _____</p> <p>125. Approved for continued Midwife care: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

EXHIBIT E. INDIVIDUAL QUARTERLY REPORT (continued)

ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF MATERNAL AND CHILD HEALTH
MIDWIVES QUARTERLY REPORT
CONSULTATION / TRANSPORT SUMMARY

ORIGINAL COPY TO ADHS - COPY TO MIDWIFE

MIDWIFE

1. / / / / / 2. / / / / /
LIC. NO. QTR. YR.

3. / / / / /
PATIENT NAME PT. NO.

NARRATIVE SUMMARY:

DETAILS ON TRANSFER/TRANSPORT AND OUTCOME: 4. REFERENCE NO.
PROBLEM

CALL FOR TRANSPORT: 5. DATE / / / / / / / / / / 6. TIME / / / / / /
MO. DAY YEAR (MILITARY TIME)

7. PARAMEDICS 8. AMBULANCE

TRANSFER: 9. TIME / / / / / /

10. VEHICLE: PRIVATE AUTO AMBULANCE OTHER:

11. DESTINATION: PHYSICIAN'S OFFICE HOSPITAL OTHER:

12. NAME OF HOSPITAL IF APPLICABLE:

ARRIVAL DISPOSITION: 13. DATE / / / / / / / / / / 14. / / / / / /
MO. DAY YEAR (MILITARY TIME)

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15. MOTHER: ~~EVAL/Rx AT PHYS. OFFICE~~ ~~ADMITTED HOSPITAL~~
 ~~EVAL/Rx AS OUTPATIENT AT HOSPITAL AND RELEASED~~

-

16. NEWBORN: EVAL/Rx AT PHYS. OFFICE ADMITTED TO HOSPITAL
 ~~EVAL/Rx AS OUTPATIENT AT HOSPITAL AND RELEASED~~
 ~~TRANSFERRED TO NICU AT _____~~

-

17. MATERNAL OUTCOME: ~~NORMAL~~ ~~ABNORMAL~~ ~~EXPIRED~~

-

18. NEWBORN OUTCOME: ~~NORMAL~~ ~~ABNORMAL~~ ~~EXPIRED~~

DRAFT

R9-16-111. R9-16-113. Denial, Suspension, or Revocation of License; Civil Penalties; Procedures

A. ~~In addition to those grounds set forth 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 of \$50 for the first offense and \$100 for each subsequent offense, for any of the following causes:~~

- ~~1. Failure to maintain the standards of practice and clinical judgment;~~
- ~~2. Practicing under a false name or alias which will so as to interfere with or obstruct the investigative or regulatory process;~~
- ~~3. Practicing under the influence of drugs or alcohol;~~
- ~~4. Falsification of records;~~
- ~~5. Obtaining any fee for midwifery services by fraud or misrepresentation;~~
- ~~6. Permitting another to use the midwife's license; and~~
- ~~7. Failure to submit quarterly reports within 15 days after the close of the quarter.~~

B. ~~All administrative proceedings shall be conducted in accordance with the Department's rules of practice and procedure, 9 A.A.C. 1, Article 1.~~

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 of \$50 for the first offense and \$100 for each subsequent offense, 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, and
5. Permitting another to use the midwife's license.