

ARKANSAS STATE BOARD OF HEALTH

ARKANSAS DEPARTMENT OF HEALTH

RULES AND REGULATIONS
FOR
GOVERNING THE PRACTICE OF LICENSED LAY MIDWIFERY IN
ARKANSAS

PROMULGATED UNDER THE AUTHORITY OF
~~ARKANSAS CODE ANN. § 25-15-201 ET SEQ. AND BY AUTHORITY OF~~
ARKANSAS CODE ANN. §§ 17-85-101 ~~THROUGH 108~~ ET SEQ. AND
ARKANSAS CODE ANN. §§20-7-109

Effective ~~(April, 2007)~~ To Be Determined
This Revision Effective ~~(April, 2008)~~ To Be Determined
By the Arkansas State Board of Health

Arkansas Department of Health
Little Rock, Arkansas
~~Dr. Paul Halverson, DrPH, FACHE~~ Nathaniel Smith, MD, MPH

**RULES AND REGULATIONS GOVERNING THE PRACTICE OF LICENSED LAY
MIDWIFERY**
(Pursuant to ACT 481 of 1987)

TABLE OF CONTENTS

REGULATIONS GOVERNING LAY MIDWIFE PRACTICE
(Pursuant to ACT 481 of 1987)

| | |
|--|----|
| - | |
| 100. GENERAL PROVISIONS | 10 |
| 101. PURPOSE AND AUTHORITY | 10 |
| 102. ADMINISTRATION OF PROGRAM..... | 10 |
| 103. DEFINITIONS | 11 |
| 104. SCOPE OF PRACTICE | 15 |
| 105. TITLE PROTECTION | 19 |
| 106. DELEGATION OF LICENSED LAY MIDWIFERY FUNCTIONS | 20 |
| 107. ADVERTISING | 22 |
| 108. IMMUNIZATIONS | 22 |
| 109. MIDWIFERY ADVISORY BOARD | 22 |
| 110. CONTINUING EDUCATION ACTIVITIES OF THE MIDWIFERY ADVISORY BOARD | 24 |
| 200. LICENSING | 25 |
| 201. ELIGIBILITY REQUIREMENTS FOR INITIAL LICENSURE | 26 |
| 202. RENEWAL..... | 29 |
| 203. GROUNDS FOR DENIAL OF APPLICATION, DISCIPLINE, SUSPENSION, OR REVOCATION OF LICENSE..... | 32 |
| 204. DISCIPLINARY ACTIONS | 34 |
| 205. INACTIVE STATUS | 35 |
| 206. REACTIVATION OF EXPIRED LICENSE | 36 |
| 207. APPRENTICESHIPS | 36 |
| 300. PROTOCOLS | 37 |

| | |
|--|----|
| 301. REQUIREMENTS FOR LICENSED LAY MIDWIFERY PRACTICE | 38 |
| 301.01 TERMINATION OF CARE | 39 |
| 301.02 TRANSFER OF CARE..... | 40 |
| 302. PROTOCOL FOR REQUIRED ANTEPARTUM CARE..... | 40 |
| 302.01 RISK ASSESSMENT(S): | 40 |
| 302.02 REQUIRED ANTEPARTUM SERVICES AT OR NEAR THE INITIATION OF CARE..... | 42 |
| 302.03 COLLECTION OF LABORATORY SPECIMENS | 44 |
| 302.04 ROUTINE ANTEPARTUM LLM CARE..... | 44 |
| 302.05 REQUIRED ANTEPARTUM SERVICES AT 24 TO 28 WEEKS GESTATION | 45 |
| 302.06 REQUIRED ANTEPARTUM SERVICE AT 35 TO 37 WEEKS GESTATION | 46 |
| 302.07 ANTEPARTUM PREPARATION FOR HOME BIRTH | 46 |
| 303. PROTOCOLS FOR ANTEPARTUM CONDITIONS REQUIRING INTERVENTION..... | 49 |
| 303.01 CONDITIONS PRECLUDING MIDWIFERY CARE | 49 |
| 303.02 PRE-EXISTING CONDITIONS REQUIRING ANTEPARTUM CONSULTATION, REFERRAL, OR TRANSFER OF CARE..... | 50 |
| 303.03 ANTEPARTUM CONDITIONS REQUIRING CONSULTATION, REFERRAL OR TRANSFER OF CARE..... | 51 |
| 304. PROTOCOL FOR REQUIRED INTRAPARTUM CARE | 54 |
| 304.01 INITIAL LABOR ASSESSMENT | 54 |
| 304.02 MANAGEMENT OF LABOR | 54 |
| 305. PROTOCOLS FOR INTRAPARTUM CONDITIONS REQUIRING PHYSICIAN OR CNM INTERVENTION | 56 |
| 305.01 IMMEDIATE TRANSPORT..... | 56 |
| 305.02 PHYSICIAN CONSULTATION..... | 57 |
| 306. PROTOCOL FOR REQUIRED POSTPARTUM CARE..... | 58 |
| 306.01 IMMEDIATE CARE | 58 |
| 306.02 FOLLOW-UP POSTPARTUM CARE..... | 59 |
| 307. PROTOCOLS FOR POSTPARTUM CONDITIONS REQUIRING PHYSICIAN OR CNM INTERVENTION | 60 |
| 307.01 IMMEDIATE TRANSPORT..... | 60 |
| 307.02 CONSULTATION OR REFERRAL | 60 |
| 308. PROTOCOL FOR REQUIRED NEWBORN CARE | 61 |
| 308.01 IMMEDIATE CARE | 61 |

| | |
|--|-----|
| 308.02 FEEDING..... | 63 |
| 308.03 CARE OF EYES | 63 |
| 308.04 VITAMIN K..... | 63 |
| 308.05 NEWBORN SCREENING | 64 |
| 308.06 CORD CARE | 64 |
| 309. PROTOCOLS FOR NEWBORN CONDITIONS REQUIRING PHYSICIAN INTERVENTION..... | 64 |
| 309.01. IMMEDIATE TRANSPORT..... | 64 |
| 309.02. PHYSICIAN CONSULTATION..... | 66 |
| 400. EMERGENCY MEASURES | 67 |
| 500. RECORD KEEPING AND REPORTING REQUIREMENTS | 68 |
| 501. MONTHLY REPORTS..... | 68 |
| 502. INCIDENT REPORTS..... | 69 |
| 503. RECORD AUDITS | 69 |
| 504. DOCUMENTATION BY LLM APPRENTICES..... | 70 |
| 505. REPORTING MATERNAL, FETAL, OR NEWBORN EVENTS | 70 |
| 506. CLIENT HEALTH RECORD..... | 70 |
| 507. VITAL RECORDS..... | 71 |
| 600. ADH RESPONSIBILITIES..... | 71 |
| 601. GRANTING PERMITS AND LICENSES | 71 |
| 602. REGISTRATION LISTING | 71 |
| 603. MONITORING OUTCOMES | 71 |
| 604. INVESTIGATION | 72 |
| 605. ADMINISTRATION OF TESTS..... | 72 |
| 700. SEVERABILITY..... | 72 |
| 800. REPEAL. | 72 |
| 900. CERTIFICATION | 75 |
| APPENDIX A: FORMS | 78 |
| LLM DISCLOSURE FORM..... | 80 |
| LLM INFORMED REFUSAL FORM..... | 86 |
| LLM INITIAL LICENSE AND REACTIVATION OF LICENSE APPLICATION | 89 |
| LLM LICENSE RENEWAL APPLICATION | 94 |
| INSTRUCTIONS FOR COMPLETING LLM REPORTS..... | 98 |
| LLM CASELOAD AND BIRTH LOG | 102 |

| | |
|---|------|
| LLM MONTHLY WORKSHEET | 104 |
| LLM INCIDENT REPORT | 106 |
| PRECEPTOR-APPRENTICE AGREEMENT FOR NARM PEP APPRENTICES | 108 |
| APPENDIX B: TRANSITIONAL PROVISIONS AND FORMS | 110 |
| TRANSITIONAL APPRENTICES | 112 |
| PRECEPTOR-APPRENTICE AGREEMENT FOR TRANSITIONAL APPRENTICES.... | 118 |
| APPRENTICE PERMIT RENEWAL FORM | 120 |
| APPRENTICE ACQUISITION OF CLINICAL SKILLS FORM | 124 |
| APPENDIX C: CEU CALCULATIONS | 138 |
| CEU CALCULATIONS | 140 |
| | Page |

| | |
|---|---|
| 100. GENERAL PROVISIONS..... | 5 |
| 101. PURPOSE AND AUTHORITY..... | 5 |
| 102. ADMINISTRATION OF PROGRAM..... | 5 |
| 103. — | |
| 104. — | |
| 105. 200. DEFINITIONS | 5 |
| 201. "APPRENTICE LAY MIDWIFE"..... | 6 |
| 202. "CERTIFIED NURSE MIDWIFE"..... | 6 |
| 203. — | |
| "CLINICIAN" | 6 |
| 204. — | |
| "CONSULTATION" | 6 |
| "DIVISION" | 6 |
| "EMERGENCY PLAN" | 6 |
| "IMMEDIATE TRANSPORT" | 6 |
| "LICENSED LAY MIDWIFE" | 7 |
| 209. "LICENSED LAY MIDWIFE PROTOCOL " | 7 |
| 210. "LAY MIDWIFE". | 7 |
| 211. — | |
| "PHYSICIAN" | 7 |
| 212. "PRACTICE UNDER THE DIRECTION OF A PHYSICIAN" | 7 |
| 213. "PRESCRIPTION DRUGS OR DEVICES" | 7 |

| | |
|--|----|
| —214. | |
| "REFERRAL"..... | 7 |
| —215. "REFERRAL PHYSICIAN/CERTIFIED NURSE MIDWIFE" | |
| | 7 |
| —216. "TRANSFER OF CARE" | 8 |
| 300. LICENSING..... | 8 |
| —301. REGULAR LICENSES..... | 8 |
| —301.01 Eligibility Requirements..... | 8 |
| —301.02 Renewal..... | 9 |
| —301.03 Practical Experience Equivalency..... | 10 |
| 201.03Revocation..... | 10 |
| 201.04Inactive Status..... | 11 |
| 201.05Reactivation of expired license..... | 12 |
| —302. APPRENTICE PERMIT..... | 12 |
| —302.01 Eligibility..... | 12 |
| —302.02 Renewal..... | 12 |
| 400. SCOPE OF PRACTICE..... | 13 |
| 301.REQUIREMENTS FOR LAY MIDWIFERY PRACTICE..... | 13 |
| —402. PROTOCOL FOR REQUIRED ANTEPARTUM CARE..... | 14 |
| —402.01 Frequency of Visits..... | 14 |
| —402.02 Routine Services..... | 14 |
| —402.03 Routine Antepartum Services..... | 16 |
| —402.04 Rh Follow-up Protocol..... | 16 |
| —402.05 Pre-delivery Home Visit..... | 16 |
| —403. PROTOCOL FOR REQUIRED INTRAPARTUM CARE..... | 17 |
| —403.01 Initial Clinical Assessment..... | 17 |
| —403.02 Management of Labor..... | 17 |
| —404. PROTOCOL FOR REQUIRED POSTPARTUM CARE..... | 18 |
| —404.01 Immediate Care..... | 18 |

| | |
|--|---------------|
| 405. PROTOCOL FOR REQUIRED NEWBORN CARE..... | 18 |
| 405.01 Immediate Care..... | 18 |
| 405.02 Feeding..... | 19 |
| 405.03 Care of Eyes..... | 19 |
| 405.04 Vitamin K..... | 19 |
| 405.05 Newborn Screening..... | 20 |
| 405.06 Cord Care..... | 20 |
| 406. PROTOCOLS FOR ANTEPARTUM CONDITIONS REQUIRING PHYSICIAN INTERVENTION..... | 20 |
| 406.01 Initial Risk Assessment..... | 20 |
| Antepartum Monitoring..... | 21 |
| 407. PROTOCOLS FOR INTRAPARTUM CONDITIONS REQUIRING PHYSICIAN INTERVENTION..... | 22 |
| 407.01 Immediate Transport..... | 22 |
| 407.02 Physician Consultation..... | 22 |
| 408. PROTOCOLS FOR POSTPARTUM CONDITIONS REQUIRING PHYSICIAN INTERVENTION..... | 23 |
| 408.01 Immediate Transport..... | 23 |
| 408.02 Physician Consultation | 23 |
| 409. PROTOCOLS FOR NEWBORN CONDITIONS REQUIRING PHYSICIAN INTERVENTION..... | 24 |
| 409.01 Immediate Transport..... | 24 |
| 409.02 Physician Consultation..... | 24 |
| 500. REFERRAL PHYSICIAN..... | 25 |
| 600. EMERGENCY MEASURES..... | 25 |
| 700. RECORDKEEPING AND REPORTING REQUIREMENTS..... | 25 |
| 800. DIVISION RESPONSIBILITIES..... | 26 |
| 801. GRANTING PERMITS & LICENSES..... | 26 |
| 802. REGISTRATION LISTING..... | 26 |
| 803. MONITORING OUTCOMES..... | 26 |
| 804. ADMINISTRATION OF TESTS..... | 26 |

| | |
|------------------------|----|
| 900. SEVERABILITY..... | 27 |
|------------------------|----|

| | |
|-------------------|----|
| 1000. REPEAL..... | 27 |
|-------------------|----|

~~APPENDIX OF FORMS AND INSTRUCTIONS~~

~~1100. CERTIFICATION~~

~~APPENDIX OF FORMS AND INSTRUCTIONS~~

3/27/17 DRAFT

3/27/17 DRAFT

1100. —GENERAL PROVISIONS

—101. —PURPOSE AND AUTHORITY

~~It was determined by the General Assembly that adequate maternal care is not readily available in some parts of the state resulting in undue hardships to poor expectant mothers.~~ Act 838 of 1983 provided for the lawful practice of Licensed Lay Midwifery in counties having 32.5% or more of the ~~poor~~ population below the poverty level. Act 481 of 1987 ~~superse~~~~eded~~s Act 838 of 1983, and expandededs the ~~L~~Lay ~~Midwife~~midwifery licensure statewide. These Rules and Regulations govern the practice of Licensed Lay Midwives (LLMs) in Arkansas.

The following Rules and Regulations are promulgated pursuant to the authority conferred by the Licensed Lay Midwife Act A.C.A. § 17-85-101 et. seq. and A.C.A. § 20-7-109 et. seq.

Specifically, the LLM Act 481 directs the Arkansas State Board of Health to administer the provisions of the Act 481, and authorizes and directs the Board to adopt rules regulations governing the qualifications for licensure of ~~L~~Lay ~~m~~Midwives and the practice of Licensed Lay Midwifery. The broad authority vested in the Board of Health, pursuant to ACA § 20-7-109, (Act 96 of 1913) to regulate and to ultimately protect the health of the public is the same authority the Board ~~will~~utilizes in enforcing the Rulesregulations, determining sanctions, revoking licenses, etc.

—102. —ADMINISTRATION OF PROGRAM

The State Board of Health (BOH) has delegated the authority ~~to administer the program, including the regulating and licensing of Lay Midwives,~~ to the Arkansas Department of Health (ADH) ~~and Human Services, Division of Health, 4815 W. Markham, Little Rock, Arkansas 72205-3867.~~

~~The Board of Health shall establish an advisory board to oversee the practice of Licensed Lay Midwives. The composition of the advisory board will be as follows:~~

- ~~1. Four Licensed Lay Midwives.~~
- ~~2. One Certified Nurse Midwife.~~
- ~~3. One Physician who is currently practicing obstetrics.~~
- ~~Three consumers of midwifery service. (A consumer of midwifery service is a woman or her spouse who has had a midwife attended birth or someone who promotes midwifery or home birth in Arkansas).~~

~~The purpose of the Advisory Board shall be to advise the Division of Health and Board of Health on matters pertaining to the regulation of Lay Midwifery practice.~~

~~The terms and conditions of membership are as follows:~~

~~The Board of Health will appoint Midwifery Advisory Board (M.A.B.) members for terms of at least 3 years.~~

~~Members may serve 2 consecutive terms.~~

~~Members will serve their terms on a volunteer basis.~~

~~The activities of the MAB include, but are not limited to, advising the Division of Health and Board of Health by:~~

~~Meeting at least annually and as needed at the discretion of the Midwifery Advisory Board Chairperson.~~

~~Reviewing the rules and regulations and proposing changes to them as needed.~~

~~Reviewing and approving continuing education offerings.~~

~~d. Serving as a community liaison regarding the practice of midwifery.~~

103. ~~200.~~ DEFINITIONS

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

1. ADVERTISEMENT AND ADVERTISING

Any statements, oral or written, disseminated to or before the public, with the intent of selling professional services, or offering to perform professional services. Advertising includes - but is not limited to - promotional literature, websites, and social media sites used for the purpose of selling services.

2. ~~201.~~ "APPRENTICE LAY MIDWIFE" APPRENTICE

÷—A person who is training to become an LLM in Arkansas working under the direct supervision of a preceptor. granted a permit by the Division of Health to obtain the practical experience required to apply for a regular license.

3. ARKANSAS DEPARTMENT OF HEALTH CLINICIAN

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

4. ARKANSAS RULES EXAMINATION

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

5. BIRTHING/BIRTH CENTER

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

6. 202.CERTIFIED MIDWIFE (CM)

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

7. —"CERTIFIED NURSE MIDWIFE" CERTIFIED NURSE MIDWIFE (CNM) (CNM):

A person who is certified by the

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

8. CERTIFIED PROFESSIONAL MIDWIFE (CPM)

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

9. CLIENT

A pregnant woman, a postpartum woman for a minimum of thirty (30) days, or her healthy newborn for the first fourteen (14) days of life who is the recipient of LLM services.

~~203. "CLINICIAN": A Physician, Certified Nurse Midwife, or Nurse Practitioner employed or contracted by the Division of Health to work in maternity clinics.~~

10. ~~204.~~—CONSULTATION"CONSULTATION":

The process by which an LLM who maintains primary responsibility for the client's care, seeks the advice of a physician, CNM, or ADH clinician. This may be by phone, in person or by written request. A phone consultation by the Licensed Lay Midwife to a Physician or Certified Nurse Midwife to discuss the status and future care of a client.
The pPhysician, CNM, or ADH clinician or Certified Nurse Midwife may require the client to come into his/hertheir office for evaluation.

11. CONTACT HOUR

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

~~205. "DIVISION": The Arkansas Department of Health and Human Services, Division of Health, Perinatal Health Services, and Women's Health.~~

~~206. "EMERGENCY PLAN": The emergency plan is developed by the Lay Midwife for each patient, and outlines a plan for transport to the nearest hospital with an active obstetrical service. This hospital must be located within 50 miles of the planned delivery site.~~

~~207. "IMMEDIATE TRANSPORT": The client should be taken to a medical facility by the most expedient method of transportation available, to obtain treatment/evaluation for an emergency condition.~~

12. LABOR SUPPORT ATTENDANT

An individual who is present at the request of the client to provide emotional or physical support for the client and her family.

13. LLM ASSISTANT

An individual who is present at the request of the LLM at any point during the course of midwifery care of the client to provide services under LLM supervision.

14. ~~208.~~—LICENSED LAY MIDWIFE (LLM) "LICENSED LAY MIDWIFE":

Any person who is licensed by ADH to practice midwifery and who performs for compensation those skills relevant to the management of care of women in the antepartum, intrapartum, and postpartum periods of the maternity cycle. Also manages care of the healthy newborn for the first fourteen (14) days of life. A Lay Midwife who is licensed by the Arkansas Department of Health & Human Services, Division of Health to practice lay midwifery.

~~209. "LICENSED LAY MIDWIFE PROTOCOL": Describes those procedures that may be performed by the Licensed Lay Midwife outside the presence of a Physician, but under conditions where the Physician can be reached by the Licensed Lay Midwife by communication facilities.~~

~~Section 400 of these Regulations comprise the Licensed Lay Midwife Protocol.~~

~~210. "LAY MIDWIFE": Any person other than a Physician or Certified Nurse Midwife who shall manage care during the pregnancy of any woman or of her newborn during the antepartum, intrapartum, or postpartum periods; or who shall advertise as a midwife by signs, printed cards or otherwise. This definition shall not be construed to include unplanned services provided under emergency, unplanned circumstances.~~

15. LOCAL HEALTH UNIT

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

16. MIDWIFERY BRIDGE CERTIFICATE

A certification administered by NARM awarded to CPMs following the completion of accredited approved continuing education contact hours based upon identified areas to address emergency skills and the International Confederation of Midwives (ICM) competencies.

17. NORTH AMERICAN REGISTRY OF MIDWIVES (NARM)

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

18. ~~211.~~ PHYSICIAN "PHYSICIAN":

A person who is currently licensed by the Arkansas State Medical Board _ or the appropriate licensing authority of a bordering state _; to practice medicine or surgery. ~~Where these~~ For the purposes of any sections of these Rulesregulations governing the care of pregnant and postpartum women, "pPhysician" _ "refers only to those currently practicing obstetrics. ~~Where~~ For the purposes of any sections of these Rulesregulations governing the care of newborn infants, "pPhysician" refers only to those physicians who currently include hospital care of newborns in their practices.

~~212. "PRACTICE UNDER THE DIRECTION OF A PHYSICIAN": The Licensed~~

~~19. Lay Midwife may perform only those medical acts and procedures that have been specifically authorized in the Lay Midwife protocol. If actions/procedures deviating from the official protocol are desired, an agreement signed by the Referral Physician describing these deviations/exceptions must be approved by the Division. (See Section 600 Emergency Measures.)~~
PRECEPTOR

A legally practicing obstetric or midwifery practitioner who participates in the teaching and training of apprentice midwifery students and meets NARM preceptor standards including credentials, years of experience, and birth attendance requirements. A preceptor assumes responsibility for supervising the practical (clinical obstetric)

experience of an apprentice and for the midwifery services they render during their apprenticeship. In the case of transitional apprentices, the definition of preceptor in Appendix B applies.

~~213. “PRESCRIPTION DRUGS OR DEVICES”: A drug or device limited by A.C.A. 20-64-503 to dispensing by or upon a medical practitioner’s prescription because the drug is (a) habit-forming, (b) toxic or having a potential for harm, or (c) permitted for use only under the practitioner’s supervision. This includes any drug or device whose label contains the statement: “Caution federal law prohibits dispensing without prescription”.~~

20. 214. “REFERRAL/REFERRAL”:

~~Pertains to t~~The process by which the client is directed to a physician, CNM or ADH clinician for management of a particular problem or aspect of the client’s care, after informing the client of the risks to the health of the client or newborn.
~~referral of a client to a Physician, Certified Nurse Midwife, or Division clinician for an office visit for evaluation and determination of future care.~~

21. 215-“REFERRAL PHYSICIAN/CERTIFIED NURSE MIDWIFE”: A

~~Physician/Certified Nurse Midwife who has obstetrical privileges in a hospital within 50 miles of the delivery site, and who accepts referrals from the Licensed Lay Midwife and consults in the management of the Lay Midwife's clients.~~SUPERVISION

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

22. 216. TRANSFER OF CARE/“TRANSFER OF CARE”:

The process by which the LLM relinquishes care of her client for pregnancy, labor, delivery, or postpartum care to a physician, CNM or ADH clinician, after informing the client of the risks to the health or life of the client.~~Client’s care is transferred to a Physician or Certified Nurse Midwife when complications arise beyond the scope of midwifery practice as defined in these regulations~~

-

104. SCOPE OF PRACTICE

1. The LLM may provide midwifery care according to the protocols in these Rules only to healthy women, determined through a physical assessment and review of the woman’s health and obstetric history, who are at low risk for the development of medical or obstetric complications of pregnancy or childbirth and whose expected outcome is the delivery of a healthy newborn and an intact placenta. The LLM shall be responsible for care of the healthy newborn immediately following delivery and for the first fourteen (14) days of life (unless care is transferred to a physician or APRN specializing in the care of infants and children before that). After fourteen (14) days the LLM is no longer responsible and the client should seek further care

from a physician or an APRN specializing in the care of infants and children. If any abnormality is suspected, including - but not limited to - a report of an abnormal genetic/metabolic screen or positive antibody screen, the newborn must be sent for medical evaluation as soon as possible but no later than 72 hours. This does not preclude the LLM from continuing to provide counseling regarding routine newborn care and breastfeeding.

A. ~~500. Referral Physician~~

B. ~~—~~

C. ~~Although the ADH Licensed Lay Midwifery program is supervised by ADH physicians, Each Licensed Lay Midwife~~ LLM is encouraged to develop a close working relationship with one or more specific ~~physicians~~ in obstetrical and pediatric practice, or CNMs in obstetrical practice who agree to serve as a ~~Referral/consultation~~ source for the Lay Midwife LLM. This relationship is optional. ~~The duty of a Referral Physician or CNM is to provide support to the Licensed Lay Midwife when potentially serious conditions, as listed in sections 406 – 409 occur.~~

D. ~~—~~

2. ~~The r~~Referral ~~p~~Physician and Lay Midwife LLM relationship, ~~;~~ or the CNM and Lay Midwife LLM relationship, ~~;~~ -can be terminated by either party at any time.

3. ~~Apprentice midwives and LLM assistants may only work under the on-site supervision of their preceptor.~~

4. ~~At various points during the course of midwifery care, the LLM must inform the client of the requirement for tests, procedures, treatments, medications, or referrals specified in Section 300 (Protocols) of these Rules which are for the optimal health and safety of the mother and baby, and refusal is strongly discouraged. However, continuing care of a client who refuses some of these requirements is permitted if the LLM meets certain requirements as outlined in paragraphs 5 through 8.~~

5. ~~LLMs that have a current Certified Professional Midwife (CPM) credential but do not have a Midwifery Bridge Certificate (MBC) may continue care of clients that:~~

a. ~~Refuse the following tests listed in Section 302.02 Prenatal Testing:~~

i. ~~Pap test/HIV test.~~

ii. ~~Test for Gonorrhea and Chlamydia.~~

iii. ~~Test for Syphilis.~~

iv. ~~Hepatitis B test.~~

v. ~~HIV counseling and test.~~

b. ~~Refuse recommended Rh immunoglobulin as outlined in 302.05.~~

c. ~~Refuse a referral or to follow advice against home birth as a result of the identification of these pre-existing conditions listed in 303.02:~~

- i. History of seven (7) or more deliveries.
 - ii. Maternal age greater than or equal to forty (40) at estimated date of delivery.
 - iii. Previous infant weighing less than five (5) pounds or more than ten (10) pounds.
 - iv. Pregnancy termination or loss \geq three (3).
 - d. Refuse the newborn procedures listed in 308.03 and 308.04:
 - i. Administration of eye medication if indicated.
 - ii. Administration of Vitamin K.
- 6. LLMs that have both a current CPM and the MBC, or LLMs that have a CNM or CM, may continue care of clients that refuse any test, procedure, treatment, referral, or medication, except for:
 - a. The precluded conditions listed in Section 303.01;
 - b. The requirement of having the Risk Assessments listed in Section 302.01; or
 - c. Conditions requiring immediate transport as listed in Sections 305.01, 307.01, and 309.01.
- 7. LLMs that do not have a current CPM credential are not permitted to continue care for clients who refuse any of the required tests, procedures, treatments, medications or referrals specified in these Rules except for recommended Rh immunoglobulin as outlined in 302.05. Should a client refuse Rh Immunoglobulin the LLM must follow 104.#8.b-f.
- 8. Should a client of the LLM with a CPM, CM, CNM, or CPM/MBC refuse any of the tests or procedures pursuant to paragraphs 5 and 6:
 - a. The LLM must inform the client that the LLM is only permitted to continue to provide care to the client if the LLM's certification meets the required standard as outlined in 5 and 6.
 - b. The LLM must inform the client of the potential risks to herself or her baby. It is the responsibility of the LLM to provide current evidence and adequate information, both written and verbal, to the client regarding the risks of declining the test, procedure, treatment, medication or referral, including the risks and benefits of no action at all. This must include the review of any available and relevant ADH-approved sources on each test, procedure, treatment, medication or referral being refused.

- c. The LLM must document the client's refusal using the ADH Informed Refusal Form and include:
 - i. The information shared with the client as outlined in 8.b. and the ADH-approved sources used.
 - ii. The client's written assertion refusing the test, procedure, treatment, medication or referral.
 - iii. The client's affirmation of her understanding and acceptance of the risks.
 - iv. A plan of care for the condition, including a plan for transfer of care if indicated.
 - d. The ADH Informed Refusal form must be signed and dated by both the LLM and the client, and a copy kept by the LLM in the client's file. Signing the form shows they have discussed the risks and benefits of continuing under the care of the LLM.
 - e. Each signed refusal form must be documented by completing an Incident Report form and noting the Informed Refusal on the next LLM Caseload and Birth Report Log.
 - f. Documentation of refusal must be included in the client's record in the event a client changes her mind concerning an informed refusal.
9. It is the responsibility of the LLM to engage in a process of continuous evaluation, beginning with the initial consultation and continuing throughout the provision of care. This includes continuously assessing safety considerations and risks to the client and informing her of the same. The LLM is expected to use their judgement in assessing when the client's condition or health needs exceed the LLM's knowledge, experience or comfort level. The LLM has the right and responsibility to terminate care under these circumstances.
10. If any medications that are provided by ADH or prescribed by a physician or CNM in accordance with these Rules are administered at the home birth site, the LLM shall document this in the client health record and include the following:
- a. The name of the medication;
 - b. The lot number and date of expiration;
 - c. The strength and amount or dose of the medication;
 - d. The date and time the medication is administered;
 - e. The name of the prescriber; and

f. Document:

- i. The name and the credentials of the nurse administering the medication, or
- ii. That the client, or LLM as agent to the client, administered medication to the newborn.

11. The LLM is required to comply with all provisions of HIPAA (Health Insurance Portability and Accountability Act).

12. The LLM is required to comply with all provisions of CLIA (Clinical Laboratory Improvement Amendments) when tests are performed for the purpose of providing information for the healthcare of midwife clients.

1.—

212. "PRACTICE UNDER THE DIRECTION OF A PHYSICIAN": The Licensed Lay Midwife may perform only those medical acts and procedures that have been specifically authorized in the Lay Midwife protocol. If actions/procedures deviating from the official protocol are desired, an agreement signed by the Referral Physician describing these deviations/exceptions must be approved by the Division (See Section 600 Emergency Measures.)

105. TITLE PROTECTION

1. A person may not practice or offer to act as a lay midwife in Arkansas unless licensed by the State Board of Health. It is unlawful for any person not licensed as a lay midwife by the State Board of Health to receive compensation for attending births as an LLM, or to indicate that they are licensed to practice lay midwifery in Arkansas, excluding licensed CNMs and licensed physicians.
2. Anyone unlawfully practicing lay midwifery without a license shall be deemed guilty of a misdemeanor and upon conviction thereof, shall be punished by a fine of not less than one hundred dollars (\$100) nor more than five hundred dollars (\$500), or by imprisonment in the county jail for a period of not less than one (1) week nor more than six (6) months, or by fine and imprisonment.
3. The courts of this state having general equity jurisdiction are vested with jurisdiction and power to enjoin the unlawful practice of midwifery in a proceeding by the State Board of Health or any member thereof, or by any citizen of this state in the county in which the alleged unlawful practice occurred or in which the defendant resides, or in Pulaski County.
4. The issuance of an injunction shall not relieve a person from criminal prosecution for violation of the provisions of this chapter, but remedy of the injunction shall be in addition to liability to criminal prosecution.

5. An LLM must use the title “Licensed Lay Midwife” or the initials “LLM” on all materials related to their practice, including all promotional materials.

106. DELEGATION OF LICENSED LAY MIDWIFERY FUNCTIONS

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

3. An LLM who has agreed to provide care to a client is held accountable to act according to the standards of care set out in these Rules, until such a time as that care is terminated by the client or the LLM in accordance with these Rules.
4. An LLM may request a registered nurse to perform selected acts, tasks or procedures that are outside the scope of the LLM's practice but which do not exceed the scope of practice of the nurse's license. It is the nurse's responsibility to be informed and act in accordance with both the Arkansas Nurse Practice Act and the Arkansas State Board of Nursing Rules.
5. An LLM who also holds an Arkansas nursing license is required to act in accordance with the following: the Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas; the Arkansas Nurse Practice Act - as codified in Ark. Code Ann. § 17-87-101 - and the Arkansas State Board of Nursing Rules as promulgated by the Arkansas State Board of Nursing. An LLM practicing under the scope of her nursing license while acting as an LLM may be referred to the Arkansas State Board of Nursing if any improper conduct is suspected.

107. ADVERTISING

1. ADH permits advertising by LLMs regarding the practice of Licensed Lay Midwifery in accordance with these Rules.
2. No LLM shall disseminate or cause the dissemination of any advertisement or advertising that is in any way false, deceptive, or misleading. Any advertisement or advertising shall be deemed to be false, deceptive or misleading if it:
 - a. Contains a misrepresentation of facts; or
 - b. Makes only a partial disclosure of relevant facts; or
 - c. Contains any representation or claims as to services that the LLM cannot legally perform; or
 - d. Contains any representation, statement, or claim which misleads or deceives; or
 - e. Could lead a reasonably prudent person to believe that the LLM is licensed to practice nursing or medicine when not so licensed in the state of Arkansas.
3. Advertising that crosses into other states must clearly state if any of the services offered are legal only in certain states in which the LLM practices.

108. IMMUNIZATIONS

All LLMs and their apprentices are strongly encouraged to have routine vaccinations to the fullest extent unless contraindicated, and not to rely on the immunization status of others or 'herd immunity' to protect them, their clients, and their families.

109. MIDWIFERY ADVISORY BOARD

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

1. PURPOSE, DUTIES, AND RESPONSIBILITIES:
 - a. Reviewing and advising ADH and the BOH regarding the Rules.
 - b. Reviewing and advising ADH regarding approval of continuing education units (CEUs).
 - c. Reviewing and advising ADH regarding quality improvement data and information.

- d. Serving as community liaisons to educate the public and other providers regarding the practice of midwifery.
- e. Promoting the safe practice of midwifery by addressing issues and concerns regarding the practice of midwifery of ADH, BOH, public consumers of midwifery services, and LLMs.
- f. Reviewing Reports:
 - i. Statistical Reports
 - A. A draft of the annual LLM statistical report will be available to MAB members for comment prior to the presentation to the BOH.
 - B. Up to two (2) MAB members may consult with ADH program staff in determining the plan for the collection of data.
 - ii. Disciplinary Case Reports
 - A. ADH will notify the MAB of all disciplinary hearings taken before the BOH. A copy of the final order will be made available to the MAB.

2. COMPOSITION OF THE MAB

The composition of the MAB will be as follows:

- a. Four (4) Arkansas LLMs
- b. One (1) CNM, currently licensed as a CNM in Arkansas, preferably practicing.
- c. One (1) member at large.
- d. Three (3) public consumers who have either had a midwife-attended birth, are the spouse of someone who has had a midwife-attended birth, or are persons who have been involved in promoting midwifery or home birth in the state of Arkansas.

3. NOMINATION OF MEMBERS

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

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

4. TERMS OF MIDWIFERY ADVISORY BOARD MEMBERS

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

5. ORGANIZATIONAL STRUCTURE OF THE MIDWIFERY ADVISORY BOARD

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

110. CONTINUING EDUCATION ACTIVITIES OF THE MIDWIFERY ADVISORY BOARD

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

1. The application for review must be received by the MAB at least sixty (60) days prior to the scheduled course date, and shall be submitted simultaneously to ADH.
2. The MAB will review and evaluate the application for the continuing education course and make a recommendation to ADH.
3. The documentation will be reviewed for appropriate content applicable to the protocols and clinical practice of the Licensed Lay Midwifery program of Arkansas. Each application shall be evaluated on the following criteria:
 4. Completeness of application;
 5. Agenda;
 6. Intended audience;

7. Method of delivery (lecture, video, correspondence, online, other);
8. Course description and objectives; and
9. Biographical data for each speaker including pertinent education and experience.
10. The recommendation of the MAB shall be submitted in writing for ADH approval, no less than thirty (30) days prior to the scheduled course date. ADH will make the final decision for approval of continuing education courses, after consideration of timely received MAB recommendations. All final decisions by ADH denying approval for continuing education courses may be appealed to the Arkansas State BOH within thirty (30) days of receiving the denial.

2300. _-LICENSING

1. An ~~LLM~~ ~~May Midwife~~ license, valid for ~~two up to three (3)~~ years, is issued upon application and favorable review. Application materials and instructions are available from ~~the Division~~ the ADH website or by contacting the ADH Women's Health Section for assistance.
2. Unless otherwise specified by these Rules, individuals who wish to become licensed as an LLM in Arkansas are required to have either current NARM CPM certification, current certification by the American Midwifery Certification Board as a CNM or CM, or current certification deemed equivalent and approved by ADH.
3. LLMs seeking renewal of their license must have current CPM, CNM or CM certification unless they were licensed continuously prior to these Rules and have never been certified as a CPM. Those LLMs may renew their license by showing documentation of CEUs as required in Section 202 #2d and completing the renewal application process.
4. It is the responsibility of the LLM to ensure their credentials and certifications are current at all times. These include - but are not limited to - CPM, CPR, and neonatal resuscitation. The licensee must provide documentation upon request.
5. LLMs who receive a CPM or MBC must provide verification with initial application and for license renewal, or within thirty (30) days of initial certification. A notarized copy of the certificate or a verification letter sent directly from NARM must be submitted to ADH.
6. In the event of a lapse or revocation of any licensure or certification held the LLM must notify ADH within thirty (30) days of revocation.

7. If the name used on the application is not the same as that on any of the supporting documentation, the applicant must submit proof of name change with application.

A. Apprentices who hold a valid permit prior to the effective date of these Rules will follow the requirements for licensure found in Appendix B: Transitional Provisions and Forms.
8.

9. If an application for licensure or renewal is denied, the applicant may appeal that denial to the Arkansas State BOH with thirty (30) days of receipt of the denial.

~~2301.1.01~~ **ELIGIBILITY REQUIREMENTS** FOR INITIAL LICENSURE

Applicants for initial licensure must meet the following requirements, except for those noted in Section 200. #3:

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

a. A completed application, provided by ADH.

b. A passport style and size photo of the applicant, head and shoulders, taken within sixty (60) days prior to the submission date of the application and attached to the application.

c. A copy of one of the following documents that demonstrates the applicant is twenty-one (21) years of age or older:

i. The applicant's birth certificate.

ii. The applicant's U.S. passport, U.S. Driver's License, or other state-issued identification document.

iii. Any document issued by federal, state or provincial registrar of vital statistics showing age.

d. Documentation of a high school diploma or its equivalent, and documentation of the highest degree attained after high school. This documentation should include the name of the issuing school or institution and the date issued.

e. Documentation that applicant is certified by NARM as a CPM or by the American Midwifery Certification Board (AMCB) as a CNM or a CM, or holds a certification deemed equivalent and approved by ADH. Documentation may be received in the form of a verification letter directly from the credentialing body or a notarized copy of the applicant's credential. ADH may request additional documentation to support

applicants' qualifications or certifications. It is the responsibility of the licensee to ensure relevant credentials are current at all times and documentation must be provided upon request.

f. If applicable, documentation that applicant holds an MBC issued by NARM. Documentation may be received in the form of a verification letter directly from the certifying body or a notarized copy of the applicant's certificate.

g. A list on the application form of all current professional health-related licensure including those from other jurisdictions. ADH may request verification.

2. Upon satisfactory review of the application by ADH, the applicant:

a. Shall take the Arkansas Rules Examination, which will be administered at ADH, three (3) times each year on dates chosen and publicized by ADH .

b. Shall provide proof of identity upon request in the form of a government-issued photographic identification card at the time of testing.

c. Shall receive a written notice of examination results. If the applicant scores 80% or higher on the Arkansas Rules Examination, a license will be issued.

d. Shall be permitted to re-test if their score is below 80%.

3. All final decisions by ADH denying issuance of license may be appealed to the Arkansas State BOH pursuant to the Arkansas Administrative Procedures Act.

~~The following requirements must be met before the Division will issue a Lay Midwife license.~~

~~1. Basic Education~~

~~A copy of a high school diploma, GED certificate, or highest degree attained is required.~~

~~2. Communicable Disease~~

~~Applicant must provide documentation of a negative TB skin test, a negative chest x-ray or a health card (documentation of a negative TB skin test) issued by the Division of Health at local health units.~~

~~Applicant must provide a date of rubella immunization or documentation of immune status. Such documentation is required only with the first application for any Lay Midwife permit or license.~~

~~3. Cardio-pulmonary Resuscitation Training~~

~~Applicant must be certified by the American Heart Association or American Red Cross to perform adult and infant cardiopulmonary resuscitation (CPR). Certification shall be current at the time of application and be valid throughout the licensed period.~~

~~4. Practical Experience~~

~~The applicant must submit a notarized statement that the following minimal practical experience requirements have been performed under the supervision of a Physician, Certified Nurse Midwife, or Licensed Lay Midwife. The applicant must also provide the name and a current postal address of the supervisor to allow verification by the Division.~~

~~Applicants for licensure must demonstrate competency in performing clinical skills during the antepartum, intrapartum, postpartum, and the immediate newborn period. Each applicant must successfully complete an evaluation of clinical skills. The "Clinical Evaluation of Apprentices" form must be completed by the preceptor and presented with the application for licensure.~~

~~This form should be submitted only after the applicant has a "pass" on each item except for certain emergencies that may not occur during a preceptorship.~~

~~When practical experience has been obtained outside of Arkansas, the Lay Midwife Advisory Board will review the preceptorship and make a recommendation to the Division concerning its adequacy.~~

- ~~a. The applicant must attend a minimum of 20 births as an active participant.~~
- ~~b. Functioning in the role of primary Lay Midwife under direct on-site supervision, the applicant must attend a minimum of an additional 20 births, of these:~~
 - ~~a. A minimum of 10 must occur in an out-of-hospital setting and~~
 - ~~b. A minimum of 3 must include at least 4 prenatal exams, birth attendance, the newborn exam, and 1 postpartum exam, each conducted personally by the applicant with direct supervision.~~
- ~~c. 75 prenatal exams, including 20 initial exams~~
- ~~d. 20 newborn exams~~
- ~~e. 40 postpartum exams~~

~~5. Licensing Examination~~

~~After provisions 1-4, listed in Section 301.01, are satisfactorily completed, the applicant is eligible to sit for the licensing exam.~~

- ~~1. Pass the North American Registry of Midwives (NARM) written examination. The exam may be administered by the Arkansas Department~~

- of Health and Human Services, Division of Health, or at a regularly scheduled test site arranged through NARM.
- 2. Pass the Arkansas Midwife Regulations exam with a score of 75% or higher. This exam is administered by the Division.
- 3. If necessary to obtain a passing score, the examinations may be taken up to three times. If the Midwife fails either the NARM exam or the Arkansas Midwife Regulations exam three times, she must repeat an apprenticeship before being allowed to re-test.

202.301.02 -RENEWAL

- A. The license must be renewed every 2 years and will be re-issued upon application and favorable review of required activity reports by the Division. This review will assure that:
 - B. review will assure that:
 - C.
 - D. The application is completed.
 - E.
 - F. Infant and adult CPR certification will not expire within the next three months.
 - G.
 - H. The Lay Midwife acts in accordance with the Lay Midwife rules and regulations.
 - I.
 - J. Any deviations from the Lay Midwife protocol must be renewed and signed by a referral Physician prior to license renewal.
 - K.
 - L. The Lay Midwife is not providing care for clients who have risk factors which preclude Lay Midwife care.
 - M.
- Documented negative TB skin test, negative chest x-ray or valid health card

1. Licenses expire on August 31 of the renewal year, and applications and documentation must be submitted by July 2 of the renewal year to be timely. Renewal will only occur upon receipt of application and favorable review of required activity reports by ADH. This review will ensure that the LLM has acted in accordance with these Rules.

N.:

2. Applications for renewal for LLMs who have been continuously licensed in the State of Arkansas prior to the effective date of these Rules, and who have never received certification as a CPM, must include:
 - a. A completed application for renewal provided by ADH.
 - b. A copy of both sides of current certification in adult and infant cardiopulmonary resuscitation (CPR). Approved CPR courses include the American Heart Association and the American Red Cross. **Note:** Only certification from courses which include a hands-on skills component are accepted. Online-only courses are not accepted. It is the responsibility of the licensee to ensure this certification is current at all times and documentation must be provided upon request

- c. A copy of both sides of current certification in neonatal resuscitation through a course approved by NARM. Note: Only certification from courses which include a hands-on skills component are accepted. Online-only courses are not accepted. It is the responsibility of the licensee to ensure this certification is current at all times and documentation must be provided upon request
 - d. Documentation of thirty (30) hours of continuing clinical education within the past three (3) years. Continuing Education Units (CEUs) and contact hours will be approved according to the following guidelines:
 - i. A maximum of five (5) hours may be granted for documented peer review.
 - ii. CPR or neonatal resuscitation courses may not be used as part of your CEU totals.
 - iii. Workshops or conferences relevant to the clinical practice of midwifery in Arkansas that are sponsored by the following organizations are pre-approved by the Licensed Lay Midwifery Advisory Board for CEUs:
 - A. American College of Nurse Midwives
 - B. American College of Obstetrics and Gynecology
 - C. Arkansas Department of Health
 - D. International Childbirth Education Association
 - E. La Leche League International
 - F. University of Arkansas for Medical Sciences
 - G. Midwifery Education Accreditation Council (MEAC)
 - H. Any state Nurses Association
3. Applications for renewal for the LLM licensed by ADH and certified as a CPM, CNM or CM or having a certification previously approved by ADH (Section 201.#1.e.) must include:
- a. A completed application for renewal in a format provided by ADH.
 - b. Proof that the relevant credential is current. Documentation may be received in the form of:
 - i. Verification letter sent directly from the certifying agency, or
 - ii. Notarized copy of the certificate.
- A list of all professional health-related licensure in other jurisdictions on the renewal application. ADH may request verification.
- c. _____

d. ADH may request additional documentation to support applicants' qualifications or certifications. It is the responsibility of the licensee to ensure relevant credentials are current at all times and documentation must be provided upon request.

~~o. 7. Documentation of twenty hours of continuing clinical education within the past two years. Continuing Education Units (CEU's) will be approved according to the following guidelines:~~

~~p.~~

~~q. a. A maximum of five hours may be granted for documented peer review.~~

~~r.~~

~~s. b. Educational content that is required for licensure (i.e. CPR) or is generally considered core content of an apprenticeship will not be considered continuing education.~~

~~t.~~

~~u. c. Any workshops or conferences relevant to the clinical practice of midwifery that are sponsored by the following organizations are pre-approved by the Lay Midwifery Advisory Board for CEU'S:~~

~~v.~~

~~w. American College of Nurse Midwives~~

~~x. American College of Obstetrics and Gynecology~~

~~y. Arkansas Department of Health & Human Services,~~

~~z. Division of Health~~

~~aa. International Childbirth Education Association~~

~~bb. La Leche League International~~

~~cc. University of Arkansas Medical School~~

~~dd. Midwifery Education Accreditation Council (MEAC)~~

4. Any state Nurses Association The state Arkansas Rules Examination must be taken for each licensing period within one hundred and eighty (180) days prior to the expiration of the midwifery license. A score of eighty percent (80%) or higher must be achieved. The test for renewal of licenses will be available on the ADH website or by contacting the ADH Women's Health section for information. The applicant must submit a copy of the certificate of completion with the application for license renewal.

5. All final decisions by ADH denying renewal of license may be appealed to the Arkansas State BOH pursuant to the Arkansas Administrative Procedures Act.

301.03 Practical Experience Equivalency

~~All applicants for licensure in Arkansas must follow procedures for Regular License. Midwives holding a Certified Professional Midwife certificate through the North American Registry of Midwives may apply for a Lay Midwife license. The CPM credential will be considered equivalent to the practical experience and NARM testing requirement. The Lay Midwife must complete an application, meet all the requirements for education, TB, rubella, and CPR and pass the state regulations test.~~

2303.1-0_4- GROUND FOR DENIAL OF APPLICATION, DISCIPLINE, SUSPENSION, OR REVOCATION OF LICENSE

~~—The Division~~ADH may refuse to issue, ~~may~~ suspend or ~~may~~ revoke a license for violation of ~~State law or these~~the Licensed Lay Midwife Act or any provision of these ~~Rules-Regulations,~~ including ~~- but not limited to -~~ any of the following reasons:

1. Securing a license or permit through deceit, fraud, or intentional misrepresentation.
2. Submitting false or misleading information to ADH, the BOH, or the MAB.
3. Practicing midwifery on expired credentials.
4. Knowingly making or filing a false report or record, intentionally or negligently failing to file a report or record required by these Rules, or willfully impeding or obstructing such filing.
5. Failure to submit requested midwifery records in connection with an investigation.
6. Engaging in unprofessional conduct or dereliction of any duty imposed by law, which includes - but is not limited to - any departure from, or failure to conform to, the standards of the practice of midwifery as established by these Rules.
7. Revocation of CPM certification by NARM.
8. Permitting another person to use the licensee's license or permit.
9. Knowingly or negligently employing, supervising, or permitting (directly or indirectly) any person to perform any work not allowed by these Rules.
10. Obtaining any fee by fraud or misrepresentation.
11. Knowingly or negligently allowing an LLM apprentice to practice midwifery without a supervising preceptor present, except in an emergency.
12. Using, causing, or promoting the use of any advertising material, promotional literature, or any other representation - however disseminated or published - which is misleading or untruthful.
13. Representing that the service or device of a person licensed to practice medicine will be used or made available when that is not true, or using the words "doctor", "registered nurse", "Certified Nurse Midwife" or similar words, abbreviations,

acronyms or symbols including MD (Medical Doctor), RN (Registered Nurse), CNM, CM, APRN (Advanced Practice Registered Nurse), RNP (Registered Nurse Practitioner), EMT (Emergency Medical Technican) or paramedic, falsely implying involvement by such a medical professional.

14. Use of the designation “birth center” or “birthing center” in reference to the LLM’s home or office, or charging facility fees for delivery in a “birth center” or “birthing center”, unless that center is licensed as such in compliance with the requirements set forth by the Rules and Regulations for Free-Standing Birthing Centers.

15. Violation of the Arkansas Legend Drugs and Controlled Substances Law, A.C.A. §§ 20-64-501 et seq., or the Federal Food, Drug and Cosmetic Act, 21 U.S.C. §§ 301 et seq.

16. Displaying the inability to practice midwifery with reasonable skill and safety because of illness, disability, or psychological impairment.

17. Practicing while knowingly suffering from a contagious or infectious disease that may be transmitted through the practice of midwifery.

18. Practicing midwifery while under the influence of any intoxicant or illegal drug.

19. Judgment by a court of competent jurisdiction that the individual is mentally impaired.

20. Disciplinary action taken by another jurisdiction affecting the applicant’s legal authority to practice midwifery in that jurisdiction.

21. Disciplinary action taken by another licensing or credentialing body due to negligence, willful disregard for patient safety, or other inability to provide safe patient care.

22. Gross Negligence.

23. Conviction of a felony.

24. Failure to comply with an order issued by the Arkansas State BOH or a court of competent jurisdiction.

25. Practicing outside the scope of practice and protocols as outlined in these Rules.

~~1. Dereliction of any duty imposed by law.~~

~~2. Falsifying information on the application.~~

- ~~3. Conviction of a felony.~~
- ~~4. Practicing while knowingly suffering from a contagious or infectious disease of public health importance.~~
- ~~5. Violation of any of the provisions of regulations contained herein.~~
- ~~6. Obtaining any fee by fraud or misrepresentation.~~
- ~~7. Knowingly employing, supervising, or permitting (directly or indirectly) any person who is not an Apprentice or Licensed Lay Midwife to perform any work covered by these regulations.~~
- ~~8. Using, causing, or promoting the use of any advertising matter, promotional literature, testimonial, or any other representation however disseminated or published, which is misleading or untruthful.~~
- ~~9. Representing that the service or device of a person licensed to practice medicine will be used or made available when that is not true, or using the words "doctor", or similar words, abbreviations or symbols implying involvement by the medical profession when such is not the case.~~
- ~~10. Permitting another person to use the license or permit.~~
- ~~11. Violation of the Prescription Drug or Devices Law, A.C.A. 20-64-503.~~
- ~~12. Gross Negligence.~~
- ~~13. Practicing while under the influence of any intoxicant or illegal drug.~~

204. DISCIPLINARY ACTIONS

Suspected cases involving violation of the Licensed Lay Midwifery Act or these Rules may be referred by ADH to the BOH for a hearing, according to the Arkansas Administrative Procedures Act. If the BOH finds that a person holding a license or permit has violated the Licensed Lay Midwifery Act or these Rules' sanctions, which include - but are not limited to - the following, may be imposed:

1. Revocation of license or permit.
2. Suspension of a license or permit for a determinate period of time.

3. Written or verbal reprimand of a licensee or permit holder.
4. Probation of license or permit.
5. Limitations or conditions on the practice of a person holding a license or permit.
6. Continuing education requirements to address known deficiencies.
7. Fines as imposed by the BOH under their general authority to regulate.

ADH will notify licensee of any actions to be imposed. Any Licensed Lay Midwife who is denied a license or whose license is suspended or revoked will be notified in writing by the Division. The Lay Midwife will be afforded opportunity of a hearing conducted pursuant to the Board's Administrative Procedures to appeal the Division's decision. Decisions may be appealed to the Circuit Court pursuant to the Arkansas Administrative Procedures Act.

Any applicable certification or licensing agencies will be notified of final actions on licenses including - but not limited to - NARM and any states where the midwife holds a license.

205. - INACTIVE STATUS

Inactive status is automatic on the day after the license expires. ~~Licensed Lay Midwives~~ LLMs who do not maintain a current license will be considered inactive. Inactive status may be maintained for ~~four~~ up to three (3) years. An LLMay Midwife with inactive status may not practice midwifery until reactivating the license is reactivated.

-To reactivate an ~~inactive~~ license with inactive status, the ~~applicant~~ Lay Midwife must:

1. Submit a copy of their current CPM, CNM, or CM credential or, if the applicant was licensed prior to the effective date of these Rules, document additional continuing education credits totaling ten (10) hours for each year of inactive status. ~~Other requirements for licensure must be met including~~
2. Submit current CPR certification,
3. Submit current NARM-approved neonatal resuscitation certification ~~certification~~ and proof of absence of TB, and;
4. Take the Arkansas Rules Examination and achieve a score of eighty percent (80%) or higher.
1. ~~A Lay Midwife with inactive status may not practice midwifery until reactivating the license.~~

~~301.06 REACTIVATION~~206. REACTIVATION OF EXPIRED LICENSE

After ~~four~~three (3) years, ~~the inactive a~~ license in inactive status automatically expires. To become re-licensed the ~~Lay Midwife~~applicant must successfully fulfill all of the requirements for initial licensure as outlined in Section 201. ~~retake the licensure exams, document 20 hours of continuing education within the last two years, document current CPR certification and present proof of the absence of TB.~~

~~23027.~~ APPRENTICE PERMITAPPRENTICESHIPS

Apprentices who hold a valid permit prior to the effective date of these Rules will follow the requirements found in Appendix B; Transitional Provisions and Forms.

An LLM will be responsible for notifying ADH of any apprentices accepted under their supervision within thirty (30) days of signing, but prior to the apprentice providing any services. The ADH Preceptor-Apprentice Agreement form (found in Appendix A or available on the ADH website) shall be used for this notification. Preceptors must meet all NARM preceptor requirements. Any changes in the apprentice's contact information must be provided to ADH by the LLM within thirty (30) days of the status change. If the apprentice is still under the LLM's supervision after three (3) years, the LLM must complete a new form indicating this status.

~~302.01~~ ELIGIBILITY

An Apprentice Permit authorizes the applicant to obtain under supervision, the practical experience required for licensure. The supervisor may be a Licensed Lay Midwife, a Certified Nurse Midwife, or a Physician. The applicant must provide verification of Apprentice-Supervisor relationship(s). Apprentice Midwives work under direct supervision of their supervisor(s). Should the Preceptor-Apprentice Agreement be terminated by either party, it is the responsibility of both parties to notify ADH immediately. An apprentice must not continue to perform under any preceptor(s) unless a new signed Preceptor-Apprentice Agreement is on file with ADH. A signed Preceptor-Apprentice Agreement for every preceptor under whom an apprentice trains must be signed and sent to ADH.

Apprentices shall follow all applicable Arkansas laws and these Rules.

Apprentices are required to comply with all provisions of HIPAA (Health Insurance Portability and Accountability Act).

~~The initial permit, valid for two years, will be issued to persons who provide documentation of:~~

~~1. A copy of high school diploma, GED certificate, or highest degree attained.~~

~~2. Negative TB skin test, negative chest x ray or valid health card.~~

~~3. Date of rubella immunization or proof of immune status. This documentation is required only with the first application for the permit.~~

~~4. Current certification by the American Red Cross or the American Heart Association to provide cardio-pulmonary resuscitation to adults and infants.~~

~~302.02 APPRENTICE PERMIT RENEWAL~~

~~The Apprentice Permit must be renewed every two years. To renew the permit, the Apprentice shall submit evidence of:~~

~~Progress made toward licensure that year, i.e. number of AP visits conducted,
labor managements and deliveries, newborn evaluations and post partum
exams conducted under supervision.~~

~~2. Verification of Apprentice-Supervisor relationship~~

~~3. Current adult and infant CPR~~

~~4. Negative TB skin test, negative chest x ray, or valid health card~~

3400. SCOPE OF PRACTICE AND PROTOCOLS

~~Section 400 of these Regulations comprise the Licensed Lay Midwife Protocol. Protocol—
The LLMicensed Lay Midwife must adhere to the LLMay Midwife protocols as
specifiedoutlined in these Rules. conditions of practice as outlined in these regulations.~~

~~The Licensed Lay Midwife may provide complete obstetrical care to women who are
determined to be at low risk for the development of medical or obstetrical complications of
pregnancy or childbirth.~~

~~—301.~~ ~~—401.~~ REQUIREMENTS FOR LICENSED LAY MIDWIFERY PRACTICE

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

1. Licensing – The LLM ~~lay midwife~~ must possess a current Arkansas Lay Midwife License, ~~or Apprentice Permit.~~ –See Section 2300.

~~2. Protocol – The Licensed Lay Midwife must adhere to the Lay Midwife protocol as specified in the conditions of practice as outlined in these regulations.~~

- ~~23. Consent Disclosure Form -~~ –At the time a request is made for care, the ~~Licensed Lay Midwife~~ LLM must discuss certain information concerning LLM ~~lay midwife~~ assisted home deliveries with the client. This discussion must be documented by use of at the disclosure form (found in Appendix A or available on the ADH website). ~~by the second visit. Samples of acceptable disclosure forms are available from the Division.~~ It must be signed and dated by the client at the same time the LLM and client enter into an agreement for services and sign a contract. This form must be ~~and~~ filed in her the client's medical record chart and noted on the next caseload and birth report log sent to ADH by the LLM.

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

- ~~a. The Licensed Lay Midwife has a protocol specified by the Division that she must follow regarding care for potentially serious medical conditions.~~
- ~~b. When a patient/client chooses midwifery care, she must accept the requirements laid out in the Regulations or seek another source of care. Clients may be discharged from care.~~
- ~~c. Risks and benefits of home birth.~~
- ~~d. Risks and benefits of hospital delivery.~~
- ~~e. Factors which preclude a home birth.~~
- ~~f. Medical conditions which may occur during labor or birth that would require Physician consultation or transport to a hospital and referral to a Physician or Certified Nurse Midwife.~~
- ~~g. Responsibilities of the Licensed Lay Midwife for prenatal care, attendance at the delivery, and postpartum care, and additional information regarding birth attendance~~

~~by Apprentices and/or possible birth attendance by another Licensed Midwife if the Midwife is unavailable at the time of labor.~~

- ~~h. Required medical evaluation, laboratory testing, evaluation by Physician, Certified Nurse Midwife, or public health maternity clinic, required visits with Midwife, obtaining of birth supplies and infant supplies.~~
- ~~i. Should an emergency transport become necessary there must be arrangements by the client, in cooperation with the Midwife, for transportation to the nearest hospital with an active obstetrical service to provide maternity services or the hospital where the back-up Physician has privileges. The hospital must be located within 50 miles of the planned delivery site.~~
- ~~j. The Licensed Lay Midwife does, or does not have a referral Physician or Certified Nurse Midwife with whom she consults concerning the client's pregnancy.~~
- ~~k. If the Licensed Lay Midwife relies on the hospital emergency room for backup coverage, the client must be informed that the Physician on duty may not be trained in obstetrics.~~

34. Emergency Plan -- As part of the disclosure form, A~~n~~ individual emergency plan must be established by the Licensed Lay Midwife LLM and client ~~for each Midwife client. A copy of this plan, signed by the Midwife, must be placed in the client's chart. The plan must include:~~

- a. The name and contact information of the physicians that will be consulted for the mother and the newborn;
- b. The arrangements for transport from the delivery site to a hospital, if needed;
- c. The provisions for transport to the nearest hospital with an obstetrical services, or to the hospital where the Pphysician or CNM has obstetrical privileges, that will be used for transport, which. This hospital must be located within fifty (50) miles of the planned deliverydelivery site; and
- d. The nearest hospital to the delivery site.

301.01 TERMINATION OF CARE

An LLM shall terminate care of a client only in accordance with this section unless a transfer of care results from an emergency situation.

1. Once the LLM has accepted a client, the relationship is ongoing and the LLM cannot refuse to continue to provide midwifery care to the client unless:

- a. The client has no need of further care;
- b. The client terminates the relationship; or
- c. The LLM formally terminates the relationship due to a provision of these Rules or for any other reason.

2. The LLM may terminate care for any reason by:

- a. Providing a minimum of thirty (30) days' written notice, during which time the LLM shall continue to provide midwifery care until the client is able to select another health care provider. If continuing care would cause the LLM to violate these Rules, care can be terminated by the LLM without giving thirty (30) days' notice. Justification for this action must be documented in the client's record;
- b. Attempting to tell the client in person and in the presence of a witness of the LLM's wish to terminate care. If the client will not meet with the LLM, the LLM must document that the attempt was made and how it was made;
- c. Providing the client with referrals to other healthcare providers; and
- d. Documenting the termination of care in the client medical record and submission of an ADH incident report.

301.02 TRANSFER OF CARE

If a transfer of care recommendation occurs during labor, delivery, or the immediate postpartum period, and the client refuses transfer the midwife shall call 911 and provide further care as indicated by the situation. If the midwife is unable to transfer to a health care professional, the client will be transferred to the nearest appropriate health care facility. The midwife shall attempt to contact the facility and continue to provide care as indicated by the situation.

4302. PROTOCOL FOR REQUIRED ANTEPARTUM CARE

302.01 RISK ASSESSMENT(S):

Risk assessments shall be performed by a physician, a CNM or an ADH clinician. The purpose of these visits is to assure ensure that the client has no potentially serious medical conditions and has no medical contraindications to home birth.

Each risk assessment must ~~The evaluation must include a maternity risk assessment (see Routine Services below)~~ that will be filed in the client's chart ~~medical record.~~

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

Each client must be evaluated by a ~~p~~Physician, a CNM, or an ~~ADH Division~~ ~~maternity~~ clinician at the following times:

1. ~~a~~At or near the time care is initiated with the ~~Lay Midwife~~LLM, and the evaluation must include the Required Antepartum Services listed in Section 302.02.
2. ~~a~~Again at or near the 36th week of gestation and must include:
 - a. Review of the client's complete prenatal record;
 - b. Review of the results of all prenatal testing;
 - c. Interval medical and obstetric history;
 - d. Review of systems;
 - e. Pertinent physical examination, including:
 - i. Measurements of blood pressure, weight
 - ii. Fundal height
 - iii. Estimated gestational age
 - iv. Fetal presentation/position; and
 - f. Group B Strep testing, according to ADH approved guidelines.
3. Between 41 weeks 0/7 days and 42 weeks 0/7 days of gestation, the requirements for the 36th week assessment shall be repeated and may include additional tests or procedures. A documented plan for care beyond 42 weeks 0/7 days gestational age must be submitted to ADH as an additional required incident report. If a referral or this risk assessment is not made, or if the clinician advises against home delivery, the client must be transferred.
4. The LLM is responsible for reviewing the risk assessment data and insuring that her client is low risk for home delivery. The LLM must base her decision on all information, results and recommendations received from the clinician

performing the risk assessment, including any statement in the client's record by a physician, CNM or ADH clinician indicating that the client is NOT suitable for home birth.

~~The purpose of these visits is to assure that the client has no potentially serious medical conditions and has no medical contraindications to home birth. The evaluation must include a maternity risk assessment (see Routine Services below) that will be filed in the client's chart.~~

~~402.01 FREQUENCY OF VISITS~~

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

~~3402.022 ROUTINE SERVICES REQUIRED ANTEPARTUM SERVICES AT OR NEAR THE INITIATION OF CARE~~

~~The Licensed Lay Midwife LLM must ensure each client receives from a~~

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

~~a.1. Medical, obstetrical and nutritional history. The history must be comprehensive enough to identify potentially dangerous conditions that may preclude midwifery care, or that require Pphysician or CNM consultation.~~

~~1.~~

~~1.2.~~

~~2. A physical examination comprehensive enough to identify potentially dangerous conditions that may preclude mMidwifery care.~~

~~3. Estimation of gestational age.~~

~~3. Measurements of 5. bBlood pressure, height and weight.~~

~~4.~~

~~5. Prenatal Testing:~~

~~a. 6. Papp test/HPV test.~~

~~smear, unless negative result is documented within past six months.~~

~~b. 8. Test for Gonorrhea and Chlamydia.~~

a. ~~3.~~ Blood sample for blood group and Rh determination and antibody screen ~~titer if found to be Rh negative.~~

c. ~~_____~~

d. ~~4.~~ CBC with platelets or Hematocrit or hemoglobin.

e. Test for Syphilis.

~~7. VDRL~~

f. Urine culture.

~~9. Urine testing for glucose, protein, and asymptomatic bacteriuria (nitrites).~~

g. Blood Sugar: —Follow American Diabetes Association (ADA) Clinical Practice recommendations for gestational diabetes mellitus (GDM) screening and diagnosis. test according to national standards as approved by ADH and available on the ADH website.

h. Hepatitis B test.

i. Counsel client concerning maternal serum genetic testing, if before 20 weeks gestation.

~~b. 14. Rubella test~~ screen if previous immunity not documented.

~~j. _____~~

~~e.k. 15. HIV counseling and test.~~

~~5. Blood pressure, height and weight.~~

~~6. Pap smear, unless negative result is documented within past six months.~~

~~7. VDRL.~~

~~8. Gonorrhea and Chlamydia.~~

~~9. Urine testing for glucose, protein, and asymptomatic bacteriuria (nitrites).~~

~~10. Blood Sugar —Follow American Diabetes Association (ADA) Clinical Practice recommendations for gestational diabetes mellitus (GDM) screening and diagnosis. If performed by the Licensed Lay Midwife, use only a CLIA-waived device approved by the FDA for diagnosis (e.g. HemoCue Blood Glucose Analyzer), and follow the ADA recommendations for screening and diagnosis. ADA standards are available through the Division.~~

~~11. Estimation of gestational age.~~

~~12.12. Hepatitis B test.~~

~~13.13. Counsel client concerning maternal serum genetic testing, if before 20 weeks gestation.~~

~~14.14. Rubella screen if previous immunity not documented.~~

~~15.~~

~~16.15. HIV counseling and test.~~

~~16. Group B Strep screening at 35-37 weeks.~~

302.03 COLLECTION OF LABORATORY SPECIMENS

For Licensed Lay Midwives LLMs who are trained in the collection of laboratory specimens and collect the specimens themselves, may do so. The specimens must be submitted to a standard lab, and the reports and test results must be sent for reviewed and interpretation by the Physician, CNM or ADH Division clinician. All reports and test results, including reviews and interpretations, must be recorded in the client record.

If blood sugar testing is performed by the Licensed Lay Midwife LLM, they shall use only an FDA approved device. CLIA for CLIA-waived device approved by the FDA for diagnosis (e.g. HemoCue Blood Glucose Analyzer), and follow the ADA recommendations for screening and diagnosis. ADA ADH approved standards are available through the Division for diabetes testing. The results of all testing must be interpreted by a physician, CNM, or ADH clinician within ten (10) days.

~~4302.043~~ ROUTINE ANTEPARTUM LLM CARE

402.041. - Frequency of Visits

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

2. ——— Routine Visit Services

At each visit, the Licensed Lay Midwife LLM will perform and

_____record the following services:

a. _____1. Weight.

b. _____2. Blood pressure.

c. _____3. Fundal height.

d. _____4. Determination of fetal position.

e. _____5. Urine testing for glucose, protein, and nitrites.

f. _____6. Fetal heart ~~rate~~tones.

g. _____7. Medical and nutritional history since last visit.

~~a.h.~~ _____8. Check for edema of legs, face ~~and~~/or hands.

~~_____9. Hematocrit or hemoglobin must be repeated at or near 28 weeks.~~

~~- - The Lay Midwife will transfer care of the client immediately to a Physician if any conditions precluding lay midwife care are noted.~~

302.05 RH FOLLOW UP PROTOCOL REQUIRED ANTEPARTUM SERVICES AT 24 TO 28 WEEKS GESTATION

~~All women with negative Rh factor must be treated as follows:~~

1. ~~Coombs test as soon as negative Rh is reported if antibody screen was not performed with the initial lab work. Except for women with known gestational diabetes all women must be screened for gestational diabetes between 24-28 weeks according to national standards approved by ADH.~~

2. -All women with negative Rh factor must be treated as follows:

- a. 2.-Repeat antibody screeningCoombs test at 28 weeks.- If it is negative, advise client that an Rh immunoglobulin injection is recommended. -If the client is enrolled in a local health unit maternity clinic, an Rh immunoglobulin can be obtainedadministered at the clinic, otherwise she must be referred to a physician or CNM to obtain the Rh immunoglobulin.

- b. If Coombsantibody screen is positive, refer herthe client or consult to a Pphysician or CNM as soon as possible.

~~a.c. If client declines Rh immunoglobulin, repeat antibody screening must be performed at 28 weeks and the LLM is responsible for providing the client with written information provided by ADH outlining the risks of isoimmunization and the benefits of Rh immunoglobulin. A copy of the signed refusal form needs to be documented and filed in the client's record, immediately.~~

~~2.~~

~~3. If Coombs is positive, refer her to a Physician immediately.~~

~~4. 9. Hematocrit or hemoglobin must be repeated at or near 28 weeks Testing for CBC with platelets.~~

~~3.~~

~~3. Obtain a cord blood sample at the time of delivery. Send to a standard laboratory for Rh type. If the infant is Rh positive then the client is to receive immunoglobulin again. This should be obtained within 72 hours of delivery from a private Physician, or from the local health unit if the mother was enrolled in a Division of Health maternity clinic. If the infant is Rh negative then nothing further need be done.~~

302.06 REQUIRED ANTEPARTUM SERVICE AT 35 TO 37 WEEKS GESTATION

~~16. Screening for Group B Strep screening at 35-37 weeks according to ADH approved guidelines available on the ADH website.~~

3402.075 ANTEPARTUM PREPARATION FOR HOME BIRTH

1. Pre-Delivery Home Visit

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

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

2. Obtaining ADH Newborn Care Package

The Newborn Care Package provided by ADH contains the required newborn medications and other necessary items and is available to all LLM clients.

—If the mother chooses to obtain free the newborn medication care package from ADH the local health unit, she must notify the local health unit in sufficient time to allow them local health unit one month to obtain the drug care package. The local health unit will not routinely have the drug on hand.

3. Obtaining Medications for Newborn

A. CARE OF EYES

~~B.~~

- a. The Licensed Lay Midwife LLM must see advise the client that the newborn may need either Erythromycin 0.5% Ophthalmic or Tetracycline 1.0% Ophthalmic in individual dose packaging for newborn eye care prophylaxis is available at the time of delivery. The mother must may obtain a suitable one of these medications before week 36 7 weeks 0/7 days of the pregnancy either by prescription from a private pPhysician, CNM or other licensed prescriber, or by prior arrangement with a local health unit.

If the mother chooses to obtain medication from the local health unit, she must notify the local health unit in sufficient time to allow them one month to obtain the drug. The local health unit will not routinely have the medication on hand.

C. VITAMIN K

~~D.~~

- b. The Licensed Lay Midwife LLM must advise parents the client that the infant newborn should receive Vitamin K as soon as possible after within two (2) hours of birth. The medication should be obtained by prescription before week 36 7 weeks 0/7 days of pregnancy from a private pPhysician, CNM or other licensed prescriber or by prior arrangements with a local health unit.

- c. The LLM must advise the client that:

- i. All medications must be administered to the newborn by a person licensed by the state of Arkansas to administer medications (nurse, physician), and that prior arrangements should be made in order to assure the licensed person will be available to administer the medications soon after birth, or
- ii. The client has the option to administer the medications to her newborn with instructions from the licensed prescriber (physician, CNM, or ADH clinician), or
- iii. The client has the option to allow the LLM to act as her agent to administer to her newborn the following medications:

A. Erythromycin 0.5% Ophthalmic or Tetracycline 1.0% Ophthalmic.

B. Vitamin K, only allowed to be administered orally by the LLM.

4. Obtaining Intrapartum and Postpartum Medications for Mothers

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

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

5. Preparing Bottle-feeding Mothers

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

6. Education of Client for Required Genetic/Metabolic Screening

The ~~Licensed Lay Midwife~~ LLM is responsible for advising the ~~parents~~ client of ~~this~~ the law that requires newborn screening (A.C.A. § 20-15-302) and the procedure for conducting newborn screening. Information is available on the ADH website.
and documenting that a blood sample is obtained after 24 hours and no later than 7 days after birth. The sample is submitted to the Division no later than 72 hours after collection. Required forms are available from local Division of Health offices. If the blood sample is not obtained for any reason, the Midwife must document the incident in the client's chart.

7. Completion of Newborn Hearing Screening

The LLM is responsible for advising the client of the newborn infant hearing screening law (A.C.A. § 20-15-1101 et seq.) and the available resources to obtain the newborn hearing screen. Information is available on the ADH website.

8. Preparation for Well-Baby Care

The LLM is responsible for advising the mother that beyond the first fourteen (14) days of life, the LLM is no longer responsible and the mother should seek further care from a physician or an APRN specializing in the care of infants and children. This does not preclude the LLM from providing counseling regarding routine newborn care and breastfeeding.

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

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

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

**43036.. PROTOCOL FOR ANTEPARTUM CONDITIONS REQUIRING PHYSICIAN
INTERVENTION**

Each client is to have a risk assessment (see Section 302.01-402, p 14) documented by a Pphysician, CNM, or ADHDivision of Health clinician at or near the initiation of care and again around the 36th week. The following sections detail the actions to be followed by the Licensed Lay MidwifeLLM if the client exhibits or develops one of the specified conditions. The Lay MidwifeLLM will refer women for medical evaluation as soon as possible after the condition is identified. The Lay MidwifeLLM is expected to use his/hertheir judgment regarding the need for consultation, referral, and/or transfertransport when problems arise that are not specified in these Rules-protocol. In addition to the birth log, such care will be documented on an incident report and submitted to ADH.

303.01Initial risk Assessment CONDITIONS PRECLUDING MIDWIFERY CARE

The following conditions preclude midwifery care and the client must be transferred to a physician, CNM, or ADH clinician upon diagnosis.÷ There may be additional high-risk conditions judged by either a physician, CNM, ADH clinician, or LLM that could also preclude midwifery care.

The Lay Midwife will transfer care of the client immediately to a Physician if any conditions precluding lay midwife care are noted.

1. 4.-Previous cesarean delivery

a.—

2. 2.-Multiple gestation

1.—

3. 3.-Documented placenta previa in the third trimester

4. Insulin-dependent diabetes

5. Pregnancy that extends beyond 42 weeks 0/7 days gestational age unless there is a third risk assessment and a documented plan of care submitted to ADH. If the clinician advises against home delivery, the client must be transferred.

2.—

4. Position other than vertex at the onset of labor

5. Labor prior to 36 weeks gestation

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

If any of the following pre-existing conditions are identified the client must be examined by a Pphysician, CNM, or ADH clinician-currently practicing obstetrics. Division clinicians may accept the referral per Division of Health protocol.- A plan of care for the condition must be established, including a plan of for transfer of care if indicated, and execution of the plan of care must be documented. Midwives caring for these clients will be required to submit additional required- incident reports to ADH. If a referral is not made or if the clinician advises against home birth, the care must be transferred to a Pphysician or CNMCertified Nurse Midwife.

1. Heart disease

2. Epilepsy

3. Diabetes

4. Neurological disease

5. Sickle cell or other hemoglobinopathies

6. Cancer

7. Psychiatric disorders

8. Active tuberculosis

9. Chronic pulmonary disease

10. Thrombophlebitis

11. Endocrinopathy

12. Collagen vascular diseases or other severe collagen disease

13. Renal disease
14. Hypertension
15. ~~Known~~ Drug or alcohol addiction use during current pregnancy
16. Significant congenital or chromosomal anomalies
17. History of post-partum hemorrhage not caused by placenta previa
——or abruption
18. Rh negative isoimmunization (positive Coombs)
19. Structural abnormalities of the reproductive tract including fibroids
20. HIV positive or AIDS
21. Previous infant with GBS disease
22. History of unexplained perinatal death
23. History of seven (7) or more deliveries
24. -Maternal age greater than or equal to forty (40) at estimated date of
delivery
25. Previous infant weighing less than five (5) pounds or more than ten (10)
pounds
26. Previous surgery involving the uterus or cervix.
27. Pregnancy termination or loss \geq three (3)

43063.023 -~~ANTEPARTUM MONITORING~~ ANTEPARTUM CONDITIONS
REQUIRING CONSULTATION, REFERRAL OR TRANSFER OF CARE

If any of the following ~~PRENATAL~~-antepartum conditions are
~~identified~~, identified, a physician/CNM consultation, referral or transfer is
required and the client must be examined by a ~~P~~physician or CNM currently
practicing obstetrics. ~~ADH~~Division clinicians may accept referrals per
~~ADH~~Division of Health protocol. A plan of care for the condition must be
established, and execution of the plan must be documented. Midwives caring for
these clients ~~will~~shall submit additional required incident reports to ADH. If a

referral is not made or if the clinician advises against home delivery the client must be transferred immediately to a physician or CNM.

1. ~~4.~~ A sudden ~~Decreased~~ in fetal movement or kick count of less than 10 per hour after 27 weeks 6/7 days.

2. ~~Positive~~ Group B Strep Prophylaxis Indications. -CDC approved Group B Strep intrapartum prophylaxis (per ADH approved guidelines) must be obtained for the clients listed below (A-D). Clients who refuse antibiotics will be transferred from midwifery care to a physician for hospital care unless a physician agrees to supervise the LLM care of the client. The plan of care agreed to by the physician and the LLM must be documented and submitted as an incident report to ADH.

a. Clients who test positive for Group B Strep in the urinary tract at any time in the current pregnancy (regardless of repeated testing that is negative for Group B Strep). Vaginal/rectal testing for Group B Strep is not indicated when the urine testing is positive for Group B Strep in the current pregnancy.

b. Clients who test positive for Group B Strep in the vagina or rectum at any time in the current pregnancy (regardless of repeated testing that is negative for Group B Strep).

c. Clients with positive history of birth of an infant with early-onset Group B Strep disease.

d. Clients with antepartum Group B Strep culture status that is unknown at the time of labor onset and:

i. Temperature in labor (> 100.4 degrees F); or

ii. Rupture of membranes > 16 hours (Refer to 305.01 Immediate Transport #12). Prophylactic antibiotics are indicated by 18 hours of ruptured membranes; or

iii. Preterm labor (< 37 weeks 0/7 days of gestation)

3. Cervical effacement or dilatation prior to ~~37~~ 36 weeks 0/7 days

4. ~~Late~~Post term pregnancy greater than ~~41~~ 42 weeks 0/7 days. ~~(document consult as~~The third risk

aAssessment is required between 41 weeks 0/7 days and 42 weeks 0/7 days, and transfer of care may be required depending on results. (Section 302.01. #3)

5. Genital herpetic lesions
6. Clients with a previous preterm delivery must be co-managed until 37 weeks 0/7 days
7. Suspected or confirmed fetal death
8. Vaginal bleeding heavier than a normal period
9. Persistent or significant ~~W~~weight loss after the first trimester
10. Abnormal weight gain
11. Symptoms of vaginitis refractory to treatment
12. Symptoms of UTI refractory to treatment
13. Hematocrit of ~~less than~~ < 30 or hemoglobin of ~~less than~~ < 10, or platelets < 100,000
14. Hyperemesis with weight loss
15. Two blood pressure readings at least one hour apart of ~~140/90 or more~~ systolic \geq 140 or diastolic \geq 90
16. Size/date discrepancy of three (3) or more weeks on two (2) successive exams
17. Positive ~~Coombs~~ antibody screen
18. Abnormal PAPap ~~smear~~ test
19. Sexually transmitted ~~disease~~ infection
20. Ruptured membranes ~~without onset of labor within 18 hours~~ without onset of labor within 24 hours and Group B Strep testing is negative. Refer to Section 303.03 (2) for mothers that are GBS positive or have unknown GBS status.
21. Signs and symptoms of pre-eclampsia
22. Fetal heart rate below ~~120~~ 110 bpm or above 160 bpm ~~or irregular while lying on left side~~
23. Spontaneous rupture of membranes prior to 37 weeks 0/7 days

24. Gestational Diabetes, as defined by ADH approved guidelines

25. Rh negative mothers with abdominal trauma, with or without antepartum bleeding.

26. Position other than vertex any time after 35 weeks 6/7 days

34034. PROTOCOL FOR REQUIRED INTRAPARTUM CARE

34034.01 INITIAL LABOR ASSESSMENT

As soon as possible but within one (1) hour following the onset of active labor (5-6 cm with regular and painful contractions) or as soon as possible but within one hour following the pre-labor rupture of membranes, The Licensed Lay Midwife LLM must assess and record:

1. Physical conditions including temperature, pulse, respiration, blood pressure and urinalysis for glucose and protein.
2. Labor status including assessment of contractions, status of membranes, cervical dilatation and effacement.
3. Fetal position, station, size, presenting part and heart rate. Establish a fetal heart rate baseline by checking rate and rhythm every 15 minutes for the first hour of observation.
4. In case of suspected pre-labor rupture of membranes, avoid digital exams unless the client is in active labor or delivery is imminent. A sterile speculum examination is advised to inspect for umbilical cord prolapse and to assess the cervix.
~~Condition of cervix, vaginal walls and pelvic floor.~~

34034.02 MANAGEMENT OF LABOR

1. First stage. The ~~Licensed Lay Midwife~~ LLM must assess and record:

~~a.~~ a. Fetal heart rate and rhythm (immediately following a contraction):

~~i.~~ i. immediately following a contraction, a At least every hour until five to six (5-6) centimeters, then ~~a~~ at least every thirty (30) minutes until cervix is completely dilated. ~~;~~ ~~and~~

ii. ~~after rupture of membranes. Rule out prolapsed cord by checking fetal heart rate and rhythm. Immediately after rupture of membranes and during and after the next two contractions to rule out prolapsed cord.~~

iii. ~~a~~After any treatment, procedure or intervention.

iv. ~~w~~When there is a change in contractions or labor pattern, and

~~i.~~ ~~w~~When there is any indication that a medical or obstetrical complication is developing.

v. _____

~~A. b. Rule out prolapsed cord by checking fetal heart rate and rhythm immediately after rupture of membranes and during and after the next two contractions.~~

~~B.~~

~~C. c. Duration, interval and intensity of uterine contractions at least every two (2) hours or more frequently if indicated and maternal blood pressure at least every two hours.~~

b. _____

c. ~~d. Maternal blood pressure and temperature every two hours. Maternal blood pressure and heart rate in active labor:~~

i. Every two (2) hours, or more frequently if indicated.

ii. Blood pressure every fifteen (15) minutes when there is a systolic reading of ≥ 140 or a diastolic of ≥ 90 .

iii. Heart rate every 15 minutes when maternal heart rate is < 70 or > 110 .

d. Temperature:

i. Every two (2) hours in active labor.

ii. Every two (2) hours following rupture of membranes.

~~i.~~ iii. Every thirty (30) minutes when oral temperature is 99.5°F or higher.

2. Second stage and third stage. The ~~Licensed Lay Midwife~~LLM's duties include but are not limited to:

~~a. Ascertaining~~Assessing and documenting

~~i. That labor is progressing.~~

~~i.~~

ii. ~~Assessing and monitoring m~~Maternal and fetal well-being including fetal heart rate at least every 15 minutes ~~and/or~~ more frequently if indicated.

~~A.b.DD~~Delivering the newborn and placenta.

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

43075. PROTOCOL FOR INTRAPARTUM CONDITIONS REQUIRING PHYSICIAN OR CNM INTERVENTION

43075.01 IMMEDIATE TRANSPORT

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

1. Position other than vertex;

2. Active genital herpes lesions;

3. Labor prior to 376 weeks 0/7 days gestation;

4. Bleeding in labor that exceeds scant amount with each cervical examination;

5. Thick meconium if birth is not imminent;

6. Prolapsed Cord;

7. Non-Reassuring fetal heart rate (FHR) Patterns (Category II or Category III) that are repetitive and do not promptly respond to maternal position changes, unless birth is imminent. (Category I FHR patterns are reassuring and are not an indication to transport.) Characteristics of Category II and III include:

a. Variable decelerations: Abrupt decreases in the FHR by 15 bpm or more lasting 15 seconds or more

- b. Late decelerations: Gradual decreases in the FHR occurring in the latter portion of the contraction, returning to baseline after the end of the contraction
- c. Prolonged decelerations: A decrease in the FHR baseline by 15 bpm or more lasting between two (2) minutes and ten (10) minutes
- d. Tachycardia: FHR baseline > 160 bpm
- e. Bradycardia: FHR baseline < 110 bpm;
- 8. Signs of maternal infection - any of the following:
 - a. Temperature of ≥ 100.4
 - b. Fetal tachycardia (baseline heart rate > 160)
 - c. Maternal tachycardia (heart rate > 110)
- 9. Signs of fetal infection: baseline FHR > 160 or a baseline FHR that is continually increasing;
- 10. Suspected or confirmed fetal death;
- 11. —Two high blood pressure readings, meaning a systolic of ~~greater than~~ ≥ 140 or a diastolic of ≥ 90 , two (2) ~~to four~~ hours apart unless birth is imminent; or a significant rise over baseline, with or without proteinuria.; or
- 12. Unknown GBS status prior to eighteen (18) hours of ruptured membranes, when delivery is not imminent (prophylactic antibiotics are indicated by eighteen (18) hours of ruptured membranes).

34075.02 PHYSICIAN CONSULTATION

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

1. Prolonged labor in a primagravida defined as:

- a. more than 20 hours from onset of contractions to 45 emscentimeters
- b. more than 17 hours from 45 emcentimeters to deliverycomplete dilation
- c. more than two and a half (2.5) hours pushing
- d. more than one (1) hour from delivery of the infant to delivery of the placenta.

2. Prolonged labor in the multigravida defined as:

- a. more than 14 hours from onset of contractions to 45 emcentimeters
- b. more than 136 hours from 45 emcentimeters to delivery of the infantcomplete dilation
- c. more than one (1) hour pushing
- d. more than one (1) hour from delivery of the infant to delivery of the placenta.

4. Abnormal urine protein associated with signs and symptoms of pre-eclampsia.

5. Persistent Fetal heart rate above 160 or below 120 while mother is on left side.

6. Maternal temperature of greater than 100.4 unresponsive to hydration.

7. Thick meconium stained fluid if birth is not imminent.

8. Abnormal bleeding.

9. Suspected or confirmed fetal death.

34046. PROTOCOL FOR REQUIRED POSTPARTUM CARE

43064.01 IMMEDIATE CARE

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

- ~~1. 1.~~ Immediately following the delivery of the placenta, the ~~Midwife~~LLM shall determine that the uterus is firmly contracted without excessive bleeding,

ascertain that the placenta has been delivered completely, and determine the number of cord vessels.

1.

a.

2. Midwives LLMs may repair 1st and 2nd degree perineatal lacerations. LLMs may apply topical benzocaine (14%) available in gel form, solution or spray) for repair of lacerations. Benzocaine requires a prescription from a physician, CNM or ADH clinician for the client and the prescription must be written in the client's name.
3. During the two (2)-hour postpartum period, the Midwife LLM shall assess, as needed: uterine firmness, vaginal bleeding, vaginal swelling ~~and/or~~ tearing, maternal blood pressure and pulse. The Midwife LLM shall remain in attendance until these signs are well within normal limits or until a ~~p~~Physician or CNM is in attendance if they are found to be abnormal.
4. The Midwife LLM shall leave instructions for follow-up care that include signs and symptoms of conditions that require medical evaluation such as: excessive bleeding, increasing pain, severe headaches or dizziness and inability to void. ~~The mother is given an appointment with the Midwife for postpartum evaluation from 2 to 6 weeks following delivery. Postpartum follow up should include family planning counseling and the need for rubella vaccine if susceptible.~~

306.02 FOLLOW-UP POSTPARTUM CARE

1. A follow-up home visit ~~is~~shall be performed ~~at~~between 12 to ~~36~~24 hours postpartum to evaluate for excessive bleeding, infection, or other complications.
2. For all mothers with Rh negative blood and a newborn that is Rh positive, the LLM must counsel the mother to obtain postpartum Rh immunoglobulin within 72 hours of delivery.
- ~~1. The LLM is required to follow the mother for a minimum of thirty (30) days from delivery~~
3. The mother is given an appointment with the Midwife for postpartum evaluation from 2 to 6 weeks following delivery. Postpartum follow up Care shall include family planning counseling and education on the need for updated immunizations, including the rubella vaccine if susceptible. The final postpartum evaluation shall be performed between 4 to 6 weeks after delivery.

307. PROTOCOL FOR POSTPARTUM CONDITIONS REQUIRING PHYSICIAN OR CNM INTERVENTION

307.01 IMMEDIATE TRANSPORT

The following POSTPARTUM conditions preclude midwifery care and when identified, the client should must be transported to the hospital indicated in the emergency plan by the fastest method of transportation available to obtain treatment/evaluation:

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

307.02 ~~3.~~ Signs and symptoms of shock

~~Physician~~ CONSULTATION OR REFERRAL

The following ~~IMMEDIATE~~ POSTPARTUM conditions require consultation with a Pphysician or a CNM who has obstetrical privileges in a hospital within 50 mile of the delivery site. A plan of care must be established and execution documented. Midwives caring for these clients will submit additional required incident reports to ADH (found in Appendix A or available on the ADH website).

If

consultation is not available or if the client's condition is not stable, the client must be transported to a hospital:

1. Uterine size 16 to 20 weeks after delivery of placenta
2. Two maternal temperatures of 100.4 or greater checked one hour apart
3. Signs of uterine infection
 1. Signs and symptoms of postpartum infection:
 - a. Endometritis
 - b. Mastitis
 - c. Urinary tract infection
 2. Signs and symptoms of sub-involution
 3. Signs and symptoms of postpartum pre-eclampsia
 4. Signs and symptoms of postpartum depression

43085. PROTOCOL FOR REQUIRED NEWBORN CARE

The Licensed Lay Midwife LLM shall be responsible for newborn care immediately following the delivery only and care of the healthy newborn for the first fourteen (14) days of life unless care is transferred to a physician or APRN specializing in the care of infants and children before that. After fourteen (14) days the LLM is no longer responsible and the mother should seek further care from a physician or an APRN specializing in the care of infants and children. Subsequent infant care should be managed by a Physician, or a Physician/Registered Nurse team. This does not preclude the Lay Midwife from providing counseling regarding routine newborn care and breastfeeding. If any abnormality is suspected, including - but not limited to - a report of an abnormal genetic/metabolic screen or positive antibody screen, the newborn must be sent for medical evaluation as soon as possible but no later than 72 hours. This does not preclude the LLM from providing counseling regarding routine newborn care and breastfeeding.

43058.01 IMMEDIATE CARE

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

1. 1. Suction nose and mouth prior to delivery of shoulders if needed.
2. Assess presence of meconium.

3. Assess baby's status at birth as vigorous or non-vigorous.
4. ~~2.~~ Immediately after delivering entire body, suction mouth, then, nose again, if needed.
- ~~5.~~
3. ~~Clamp and cut the cord, then cut.~~
4. ~~Dry infant in a warm towel, with special attention to the head.~~
5. ~~Wrap infant in a warm blanket and place on side or next to mother.~~
6. Directly place baby skin-to-skin with mother, covering baby with a blanket. The baby should ideally remain in direct skin-to-skin contact with their mother immediately after birth until the first feeding is accomplished.
- ~~6.7.6.~~ Determine Apgar scores at one (1) and five (5) minutes after delivery while baby is with mother.
8. ~~7.~~ Routine care can be done with the baby and mother in skin-to-skin contact to insure warmth. Observe and ~~r~~Record:
1. ~~—~~
2. ~~a.~~ Skin color and tone.
 - a. ~~—~~
3. ~~—~~
 - a. ~~b.~~ Heart rate ~~(120-180/minute).~~
 - b. ~~—~~
4. ~~—~~
 - a. ~~c.~~ Respiration rate and character ~~(40-60/minute by one hour of age).~~
5. ~~—~~
6. ~~d.~~ Estimated gestational age. Indicate average, small or large for gestational age.
 - a. ~~d.~~
 - b. ~~e.~~ TAxillary temperature, ~~note if rectal or axillary.~~

e.

e.

d. f. Weight, length, head circumference.

e.f.

7.9.8. Obtain cord blood for Rh and antibody screen if mother is Rh negative.

308.02 FEEDING

~~Newborn~~Infant should be placed at the breast as soon as stable after delivery. The bottle fed ~~infant~~newborn should be offered ~~commercially prepared oral pediatric electrolyte solution formula of choice~~ within the first two to three hours after birth. ~~If there are no problems with these feedings then progress to the chosen formula, every three to four hours.~~ Instruct the mother in normal and abnormal feeding patterns.

308.03 ~~CARE OF EYES~~ CARE OF EYES

~~The Licensed Lay Midwife must see that either Erythromycin 0.5% Ophthalmic or Tetracycline 1.0% Ophthalmic in individual dose packaging for eye prophylaxis is available at the time of delivery. The mother must obtain a suitable medication before week 36 of the pregnancy either by prescription from a private Physician or by prior arrangement with a local health unit. If the mother chooses to obtain medication from the local health unit, she must notify the local health unit in sufficient time to allow them one month to obtain the drug. The local health unit will not routinely have the medication on hand.~~

~~If indicated, the Lay Midwife LLM must assure~~advise parents that the ~~newborn~~infant must receives the drug ~~either Erthromycin 0.5% Ophthalmic or Tetracycline 1.0% Ophthalmic~~ within one (1) hour of birth. ~~If the infant does not receive the drug for any reason, the Midwife LLM must~~document the incident in the client's chart~~medical record whether or not medication was administered to the newborn and by whom.~~

308.04 ~~VITAMIN K~~ VITAMIN K

~~The Licensed Lay Midwife must advise parents that the infant should receive Vitamin K as soon as possible after birth. The medication should be obtained by prescription before week 36 of pregnancy from a private Physician or by prior arrangements with a local health unit. If the mother chooses to obtain free~~

~~medication from the local health unit, she must notify the unit in sufficient time to allow them one month to obtain the drug. The local health unit will not routinely have the drug on hand. The Lay Midwife LLM must advise parents that the newborn must receive Vitamin K, assure that the infant receives Vitamin K within two (2) hours of birth. If Vitamin K is not administered, the Lay Midwife LLM must document the incident in the client's chart medical record whether or not medication was administered to the newborn and by whom.~~

308.05 NEWBORN SCREENING

1. Genetic/Metabolic Screening:

All ~~infants~~newborns must have a capillary blood sample within the required time frame (from heel prick) for the newborn screening as mandated by law and as specified on the Division ADH collection form. Information can be obtained by contacting the ADH Newborn Screening program.

2. Infant Hearing Screening:

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

~~The Licensed Lay Midwife is responsible for advising the parents of this law and the procedure for conducting newborn screening and documenting that a blood sample is obtained after 24 hours and no later than 7 days after birth. The sample is submitted to the Division no later than 72 hours after collection. Required forms are available from local Division of Health offices. If the blood sample is not obtained for any reason, the Midwife must document the incident in the client's chart.~~

308.06

CORD CARE

The LLMidwife must instruct the mother in routine cord care.

309. PROTOCOLS FOR NEWBORN CONDITIONS REQUIRING PHYSICIAN INTERVENTION

INTERVENTION

309.01. IMMEDIATE TRANSPORT

The following NEWBORN conditions, when identified, require immediate transport of the ~~infant~~newborn to the hospital by the most expedient method of transportation available to obtain treatment/evaluation. LLMs that participate in the care of these newborns are required to submit additional incident reports (found in Appendix A or available on the ADH website).

1. Respiratory distress
2. Central cyanosis
3. Seizures
4. ~~Temperature of 101 or more~~ Infant If a temperature outside the normal range of greater than 100 or less than 97.7 97.7F (36.5C) – 99.3F (37.4C) per axilla is note, appropriate corrective measures must be taken, and temperature taken hourly for the next two (2) hours. Three (3) persistently out of range temperatures warrant transfer.
5. Jaundice at 0 to 24 hours
6. ~~Apgar of score of less than~~ < five (5) at one minute or < seven (7) at five minutes
- 6.7. ~~14. Apnea lasting longer than~~ > ten (10) seconds
8. ~~Heart rate greater than~~ > 1680 bpm or less than 9 < 100 bpm at rest
9. Pallor and poor capillary refill
10. ~~Lethargy or weak~~ Poor suck reflex or refusal to feed
7. ~~High-pitched cry~~
11.
12. ~~Any Significant congenital abnormalities~~ anomaly including ambiguous genitalia
13. ~~Skin with petechiae or significant bruises~~ Signs of bleeding (petechiae, bruises)
14. Poor response to sound or touch
15. Poor tone (floppy)

309.02. PHYSICIAN CONSULTATION

The newborn must be weighed weekly. During the first two (2) weeks of life the newborn must be immediately referred to a pediatric or family medicine provider for any illness or abnormal physical finding. The newborn must also be referred if there are any concerns about weight gain, feeding, elimination, development, or abnormal screening results.

The following NEWBORN conditions require immediate (unless otherwise indicated) consultation with a pPhysician whose practice includes pediatrics. A plan of care must be established and execution documented. Midwives caring for these ~~infants~~newborns will be required to submit additional required incident reports to ADH (found in Appendix A or available on the ADH website). If consultation is not available the newborn-infant should must be transported to the hospital listed in the plan of care.

The LLM is responsible for the coordination of the physician consultation with the child's parents, and must follow-up on this consultation and document the outcome in the client's record.

~~1. Apgar of score of less than 5 at one minute or 7 at five minutes~~

~~2. Significant abnormalities~~

~~1. 3. Jaundice at 24 to 48 hour of life~~

~~4. Meconium staining on the skin~~

~~2. 5. No urination at 12 hours of life~~

~~3. 6. Lethargy or weak suck reflex~~

~~7. Heart rate greater than 180 or less than 90 at rest~~

~~8. Birth weight of less than 5 ½ pounds or more than 10 pounds~~

~~9. Infant temperature of greater than 100 or less than 97.7~~

~~4. 10. Gestational age of less than 36 weeks~~

~~11. Abnormal cry~~

~~5. 12. No stool after 48 hours~~

~~6. 13.~~ Vomiting after feedings

~~14. Apnea lasting longer than 10 seconds~~

~~17. 5. Signs of bleeding (petechiae, bruises)~~

~~16.~~ Tachypnea of greater than 60 breaths per minute after 4 hours of life

~~8. 17.~~ Mother's membranes ruptured for more than ~~24 hours~~ 18 hours and unknown GBS status.

9. Infant born to mother with indications for GBS prophylaxis in labor that did not receive antibiotics \geq 4 hours prior to birth (per ADH approved guidelines found on ADH website).

10. Jittery

11. Floppy

12. Eye rolling

~~500. REFERRAL PHYSICIAN~~

~~Each Licensed Lay Midwife is encouraged to develop a close working relationship with one or more specific Physician in obstetrical practice or CNM in obstetrical practice who agree to serve as a Referral source for the Lay Midwife. This relationship is optional. The duty of a Referral Physician or CNM is to provide support to the Licensed Lay Midwife when potentially serious conditions, as listed in sections 406 – 409 occur.~~

~~The Referral Physician and Lay Midwife relationship, or the CNM and Lay Midwife relationship, can be terminated by either party at any time.~~

4600. EMERGENCY MEASURES

~~A.~~ The ~~Licensed Lay Midwife~~ LLM must consult a licensed ~~p~~Physician or CNM whenever there are

~~B.~~ significant deviations from normal in either the mother or the ~~infant~~ newborn, and must act in

- ~~C.~~—accordance with the instructions of the ~~p~~Physician or CNM. In those situations requiring
- ~~D.~~—transport to a hospital, the ~~Lay Midwife~~LLM must notify the emergency room ~~or labor and delivery unit~~ of the ~~—~~designated
- hospital of an imminent transport and provide a copy of the complete medical record to the
- receiving Physician~~appropriate staff at the receiving facility.~~
- .
- ~~E.~~—The ~~Lay Midwife~~LLM is expected to use ~~his/her~~their judgment regarding the need for referral ~~and/or~~
1. — emergency transport when problems arise that are not specified in the protocol.
- ~~F.~~—Such
- ~~G.~~—~~care must be documented in additional required reports.~~
- ~~H.~~—
- ~~I.~~—No Licensed Lay Midwife may assist labor by any forcible or mechanical means; attempt to
- ~~J.~~—remove adherent placenta; administer, prescribe, advise or employ any prescription drug
- ~~K.~~—or device; or attempt the treatment of a precluded condition, except in an emergency
- ~~L.~~2.—when the attendance of a Physician or CNM cannot be speedily secured.
- Any authorized or unauthorized emergency measures must be reported to ~~the Division~~ADH in an incident report (found in Appendix A or available on the ADH website).
- ~~on the Birth Log.~~ In the case of actions/procedures authorized by a ~~p~~Physician or
- CNM in the case of a specific emergency, the ~~Lay Midwife~~LLM will document these orders with
- an order signed by the ~~p~~Physician or CNM and ~~submitted it to to the Division of Health~~ADH on the 10th
3. —of the following month.

5700. RECORD KEEPING AND REPORTING REQUIREMENTS

501. MONTHLY REPORTS

1. A monthly reporting log, referred to as the Caseload and Birth Log (found in Appendix A or available on the ADH website). will be maintained and sent to ~~the~~

~~Division~~ADH postmarked no later than the 10th of each month regardless of any changes or additions to the Log.

~~Log forms will be provided by the Division. The log will include births that month as well as report clients who were referred, transported, lost to follow-up, or for other reasons not attended by the Licensed Lay Midwife at birth~~

~~A.~~

- ~~2. The Licensed Lay Midwife will use the Birth Log to document care of a woman receiving prenatal care from the Lay Midwife for more than one month of the gestational period regardless of whether or not the Lay Midwife attended the birth. Each woman receiving care for two (2) or more visits shall be listed on the Caseload and Birth Log in the following month of care, regardless of whether or not the LLM attended the birth.~~

502. INCIDENT REPORTS

- ~~1. When any consultation for a complication occurs (whether or not the complication resulted in a referral or transport and whether or not the Licensed Lay Midwife~~LLM remained in attendance) the care must be documented in greater detail using ~~ADH forms (found in Appendix A or available on the ADH website) provided by the Division. The LLM shall sendse these forms will be sent to the Division~~ADH ~~only~~ by the 10th of the month following the event.

~~A.2. When an LLM's client delivers outside the hospital without attendance by an LLM, the LLM must submit an incident report (form found in Appendix A or available on the ADH website) describing the circumstances and outcome of the unattended birth. The LLM shall send these reports to ADH by the 10th of the month following the event.~~

503. RECORD AUDITS

~~All client records must be maintained for 24 years.~~

~~The Division~~ADH will audit selected records from each ~~Licensed Lay Midwife~~LLM's practice each year. The purpose of the audit will be to confirm compliance with these ~~Rules~~regulations. The LLM will be required to submit the records for each client selected by ADH for auditing.

~~The Licensed Lay Midwife will use the Birth Log to document care of a woman receiving prenatal care from the Lay Midwife for more than one month of the gestational period regardless of whether or not the Lay Midwife attended the birth.~~

504. DOCUMENTATION BY LLM APPRENTICES

1. MidwivesLLMs supervising an Apprentice midwife should record the name of the Apprentice on the Birth Log when the Apprentice provided care during the intrapartum and immediate postpartum period. Because the Lay MidwifeLLM is responsible for the clinical work of hertheir Apprentices, all reports will be filled filed inby the attending MidwifeLLM's name.
2. Clinical services provided by apprentice midwives shall be documented by the apprentice in the client record and co-signed by the LLM. Initials may be used providing the initials clearly identify the person providing care.

505. REPORTING MATERNAL, FETAL, OR NEWBORN EVENTS

The LLM is required to track maternal and newborn events for thirty (30) days unless care is terminated by the client. Maternal events, pregnancy loss at any gestational age, or newborn events must be reported according to the following schedule. In each of these instances, LLMs will complete the required incident report (found in Appendix A or available on the ADH website) and submit it, with a complete copy of the client record, to ADH.

1. Complications resulting in intrauterine fetal death, in-theor death of a mother, infantmother or newborn or fetus, within 2448 hours of delivery, must be reported to the DivisionADH within two (2) businessworking days;
2. Maternal or newborn deaths that occur between two (2) through thirty (30) days of birth must be reported to ADH within five (5) business days;
3. Maternal or newborn hospitalizations that occur within thirty (30) days of delivery must be reported to ADH within five (5) business days.

b.—

506. CLIENT HEALTH RECORD

The Licensed Lay MidwifeLLM is responsible for ensuring that all required services are documented on client records maintained by the MidwifeLLM. Each page of the

client record must contain the client ID number. The records will remain confidential. They are subject to periodic review by Division ADH staff. All client records must be maintained for at least 2425 years.

507. VITAL RECORDS

The Licensed Lay Midwife LLM shall follow all applicable laws pertaining to vital records. is responsible for completing and submitting birth certificates according to instructions of the Division's Office of Vital Statistics.

A.—

8600. DIVISION ADH RESPONSIBILITIES

—6801. GRANTING PERMITS AND LICENSES

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

—6802. REGISTRATION LISTING

The Division ADH shall maintain a list of all Licensed Lay Midwives LLMs and Apprentice Midwives holding permits in the State of Arkansas, and make this list available to the public.

—8603. MONITORING OUTCOMES

The Division ADH shall monitor perinatal outcomes of home births with attended by Lay Midwife LLMs attendance and will publish these statistics annually.

The Division ADH shall also review birth reports from Licensed Lay Midwives LLMs' records to assure that such LLMs Midwives are practicing within regulatory guidelines and standards of care.

604. INVESTIGATION

~~The Division~~ADH will conduct investigations regarding complaints or deviations from the ~~Rules~~regulations.

ADH will consider all available information that is relevant and material to the investigations.

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

605. ADMINISTRATION OF TESTS

~~The Division~~ADH shall administer the Arkansas Rules Examination at least three (3) times per year. ~~a licensing examination.~~

700. SEVERABILITY.

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

800. REPEAL.

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

91100. CERTIFICATION

This will certify that the Rules and Regulations Governing the Practice of Licensed Lay Midwifery Practice in Arkansas ~~was~~ere prepared pursuant to A.C.A. 20-7-109 ~~et. seq.~~ and A.C.A. 17-85-101 ~~st. et~~ seq. A public hearing was held on the 10th day of September, 2007, 20 .

This will also certify that the foregoing Rules and Regulations Governing the Practice of Licensed Lay Midwifery Practice in Arkansas were adopted by the Arkansas Board of Health at a regular session of same held in Little Rock, Arkansas on the 24th day of January, 2008.

Dated at Little Rock, Arkansas this 21st day of February, 2008.

Signed) Paul Halverson

Nathaniel Smith, MD, MPH

Director, Arkansas Department of Health
Secretary of Arkansas State Board of Health

~~The foregoing Regulations Governing Lay Midwife Practice, a copy of which has been
filed in my office, is hereby in compliance with the Administrative Act, on the
17th day of March, 2008.~~

(Signed) Mike Beebe

Governor
State of Arkansas

APPENDIX A: FORMS

1. LLM Disclosure Form
2. LLM Informed Refusal Form
3. LLM Initial License and Reactivation of License Application
4. LLM License Renewal Application
5. Instructions for Completing LLM Reports
6. LLM Caseload and Birth Log
7. LLM Monthly Worksheet
8. LLM Incident Report
9. Preceptor-Apprentice Agreement for NARM PEP Apprentices

Client's Printed Name: _____

Client's Address: _____

Street

City

State

Zip Code

Phone Number: _____

In compliance with the Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas, at the time of acceptance into care, a Licensed Lay Midwife (LLM) must provide the following disclosures in oral and written form:

- A. Licensed Lay Midwife Scope of Practice
- B. Informed Consent for Licensed Lay Midwifery Care
- C. Requirements for Licensed Lay Midwifery Care
- D. Risks and Benefits of Home and Hospital Births
- E. Emergency Arrangements
- F. Plan for Well-Baby Care

A. Licensed Lay Midwife Scope of Practice

The Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas require each LLM to provide information on the scope of licensed midwifery practice under these regulations to clients seeking midwifery care. The LLM may provide approved midwifery care only to healthy women, determined to be at low risk for the development of complications of pregnancy or childbirth; and whose outcome of pregnancy is most likely to be the delivery of a healthy newborn and intact placenta. Apprentice midwives and LLM Assistants work under the on-site supervision of the LLM. A person may not practice or offer to act as an LLM in Arkansas unless he/she is licensed by the Arkansas State Board of Health.

The responsibilities of the LLM are specified by the Regulations in regards to:

1. Required prenatal care.
2. Attendance during labor and delivery.
3. Care of the healthy newborn for the first fourteen (14) days of life unless care is transferred to a physician or APRN whose practice includes pediatrics. After fourteen (14) days, the LLM is no longer responsible to provide care except for routine counseling on newborn care and breastfeeding as indicated. The client should seek further care from a physician or an APRN whose practice includes pediatrics. If any abnormality is identified or suspected, including but not limited to a report of an abnormal genetic/metabolic screen or positive antibody screen, the newborn must be sent for medical evaluation as soon as possible but no later than 72 hours.
4. Postpartum care for a minimum of 30 days after delivery.

These would also apply to any arrangements the LLM has in regard to apprentices she is supervising, or arrangements made with other LLMs to attend the birth, if she/he is unavailable.

The LLM is responsible to ensure the client is informed of and understands the need to receive clinical assessments, including laboratory testing; evaluations by a physician, certified nurse midwife (CNM) or public health maternity clinician; and required visits with the midwife that are mandated by the regulations. The LLM is also responsible for informing the client of the necessary supplies the client will need to acquire for the birth and the newborn (including eye prophylaxis and vitamin K).

LLM providing care

Licensed in Arkansas since

Arkansas LLM License Number

Expiration Date

Certified Professional Midwife (CPM) Yes or No (Circle correct response)

Midwifery Bridge Certificate (MBC) Yes or No (Circle correct response)

If CPM, Certification Number

Expiration Date

Each statement below is to be read and initialed by the client.

B. Informed Consent

I understand that I am retaining the services of who is an LLM, not a CNM or a physician.

I understand the LLM *does or does not* (circle correct response) have liability coverage for services provided to someone having a planned home birth.

I understand that the LLM practices in home settings and does not have hospital privileges.

I understand the LLM *does or does not* (circle correct response) have a working relationship with a physician or CNM. If she/he does, they are:

Physician's Name:

CNM's Name:

I understand that if my LLM relies on a hospital emergency room for backup coverage, the physician on duty may not be trained in obstetrics.

I understand the LLM is trained and certified in Cardiopulmonary Resuscitation (CPR) and neonatal resuscitation.

I understand there are conditions that are outside the scope of practice of an LLM that will prevent me from beginning midwifery care. These conditions include, but are not limited to: previous cesarean delivery, multiple gestation, and insulin-dependent diabetes.

I understand that there are conditions that are outside the scope of practice of an LLM that will require physician consultation, referral or transfer of care to a physician, CNM or health department clinician, or transport to a hospital. If during the course of my care my LLM informs me that I have a condition indicating the need for a mandatory transfer, I am no longer eligible for a home birth by an LLM. These conditions include but are not limited to: placenta previa in the third trimester, baby's position not vertex at onset of labor, labor prior to thirty-seven (37) weeks gestation, or active herpes lesions at onset of labor.

The LLM is responsible to inform and educate me (the client) on these and other potential conditions that preclude care by an LLM.

I understand emergency medical services for myself and my baby may be necessary and a plan for emergency care must be in place for the prenatal, labor, birth and immediate postpartum and immediate newborn periods, as outlined in Section E of this form.

I understand my laboratory test results must be reviewed and interpreted by a physician, CNM or ADH clinician.

I understand that the LLM must work in accordance with all applicable laws. The Rules and Regulations Governing the Practice of Midwifery in Arkansas are available online at the Arkansas Department of Health website or by contacting the Arkansas Department of Health.

C. Requirements for Licensed Lay Midwifery Care

I understand the LLM has protocols as specified in the Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas that must be followed concerning care for normal pregnancy, labor, home birth and the postpartum period, and for specific potentially serious medical conditions. The following requirements are my responsibility, as a midwife client, to fulfill:

I must have an initial, and 36 week visit with a private physician or CNM or go to an Arkansas Department of Health Local Health Unit which provides maternity services for a risk assessment, which includes a physical exam and lab work.

If my pregnancy continues beyond 41 weeks, I must have a visit before 42 weeks with a private physician or CNM or go to an Arkansas Department of Health Local Health Unit which provides maternity services for a risk assessment.

I must ensure that all my healthcare providers have access to all my medical records at the time of each visit and at the time of delivery. It is unsafe for any of these practitioners to evaluate or deliver a client without knowledge of all lab results and current risk status.

I must have Vitamin K on hand for the birth. This may be ordered in advance of delivery from the Local Health Unit or may be obtained at a pharmacy by prescription.

I must have ophthalmic erythromycin on hand for the birth, if indicated. This may be ordered in advance of delivery from the Local Health Unit or may be obtained at a pharmacy by prescription.

D. Risks and Benefits of Home and Hospital Births

Before becoming a client with the intent of delivery at home, I understand I need to be familiar with some of the advantages and disadvantages of having either a home birth or a hospital birth.

| <u>RISKS AND BENEFITS OF HOME AND HOSPITAL BIRTHS</u> | |
|--|--|
| <u>BENEFITS</u> | |
| <u>Home</u> | <u>Hospital</u> |
| <ul style="list-style-type: none">• <u>Planned home birth with skilled, trained, midwifery care</u> | <ul style="list-style-type: none">• <u>Skilled, specialized obstetric staff</u> |
| <ul style="list-style-type: none">• <u>Natural progression of labor</u> | <ul style="list-style-type: none">• <u>Medications to induce or maintain labor, if needed</u> |
| <ul style="list-style-type: none">• <u>Non-invasive monitoring of labor progression and fetal well-being</u> | <ul style="list-style-type: none">• <u>Early detection of fetal distress through advanced monitoring techniques</u> |
| <ul style="list-style-type: none">• <u>Privacy and familiar home surroundings</u> | <ul style="list-style-type: none">• <u>Equipment available for high risk situations: intensive care, resuscitative equipment, surgical suites</u> |
| <ul style="list-style-type: none">• <u>Decreased obstetric interventions – midwives are trained to handle some unexpected emergencies on site for low risk women</u> | <ul style="list-style-type: none">• <u>Immediate medical intervention including medications and blood products if needed, by OB/GYN, pediatrician, and medical personnel trained to deal with life threatening emergencies on site</u> |
| <ul style="list-style-type: none">• <u>Preserves family togetherness; provides personalized care; honors client's choices for birthing position, movement, and food and fluids during labor; labor takes place in familiar surroundings</u> | <ul style="list-style-type: none">• <u>Some hospitals provide family-centered birthing and some provide birthing suites that create a home-like atmosphere and incorporate client's choices into their birth plan</u> |
| <ul style="list-style-type: none">• <u>Use of natural, non-invasive pain relief techniques</u> | <ul style="list-style-type: none">• <u>Availability of pain medications upon request</u> |
| <ul style="list-style-type: none">• <u>The absolute risk of a planned home birth may be low</u> | <ul style="list-style-type: none">• <u>The American College of Obstetrics and Gynecology and the American Academy of Pediatrics state that hospitals and birthing centers are the safest settings for birth in the United States</u> |
| <u>RISKS</u> | |
| <u>Home</u> | <u>Hospital</u> |
| <ul style="list-style-type: none">• <u>A planned home birth is associated with a twofold increased risk of newborn death compared to a hospital birth for low risk mother/infant pairs, and greater increases for those at higher risk.</u> | <ul style="list-style-type: none">• <u>Hospital births are associated with increased maternal interventions including the possibilities of: epidural analgesia, electronic contraction and fetal heart rate monitoring, IVs, vacuum extraction, episiotomy, and cesarean delivery.</u> |
| <ul style="list-style-type: none">• <u>Certain emergency conditions may occur without warning, which cannot be handled in a timely manner at home; and the home may lack needed emergency equipment for advanced resuscitation. In emergency situations greater risk of adverse outcomes exists, including death, for both mother and child.</u> | <ul style="list-style-type: none">• <u>Not all hospitals have immediate availability of specialty consultation and care in cases of certain medical emergencies and in these situations there is the risk for adverse outcomes including death for the mother and child.</u> |

| | |
|---|--|
| <ul style="list-style-type: none"> • <u>Transport time to a hospital in case of an emergency can seriously impact the outcome on health of mother and newborn. Travel time of more than 20 minutes has been associated with increased adverse newborn outcomes, including mortality.</u> | <ul style="list-style-type: none"> • <u>Hospitals that provide delivery services may not be available in some geographic areas requiring the mother to travel longer distances for urgent care of sudden risks.</u> |
|---|--|

I have reviewed the above table and have discussed with my midwife the risks and benefits of both home and hospital births.

E. Emergency Arrangements

An emergency plan must be developed between the client and the LLM detailing the arrangements for transport of the client to the nearest hospital licensed to provide maternity services or to the hospital where the back-up physician has privileges. The hospital must be within fifty (50) miles of the home birth site.

1. The licensed physician or CNM that will be consulted when there are deviations from normal in either the mother or infant is:

- a. Name of Clinic/Physician/ADH Clinician/CNM for the mother:

Phone Number

City/State

- b. Name of Physician/ADH Clinician/CNM for the infant if known:

Phone Number

City/State

2. Transport Arrangements: In an emergency, transport to a hospital will be by:

Ambulance: Name:

Phone:

Miles from home birth site:

Estimated time to home birth site

Has the option of using a private vehicle for backup been discussed? ☐ Yes ☐ No

3. In the event of maternal emergency in a home birth, transport will be to the following:

Hospital:

City/State:

Phone:

Miles from home birth site Estimated Time from home birth site

I understand that the physician on duty in this hospital emergency room may not be trained in obstetrics.

4. In the event of a neonatal emergency requiring immediate transport, transport will be to the nearest hospital:

Hospital: _____

City/State: _____

Phone: _____

Miles from home birth site _____ Estimated Time from home birth site _____

I understand that the physician on duty in this hospital emergency room may not be trained in obstetrics or pediatrics.

I agree to these arrangements should an emergency or medical complication arise.

F. Plan for Routine Well-baby Care

A plan of care should be developed between the client and a physician or an APRN whose practice includes pediatrics to follow up with routine well-baby visits after birth. The LLM is responsible for newborn care immediately following delivery and for the first fourteen (14) days of life, unless care is transferred before that time. After fourteen (14) days, the LLM is no longer responsible to provide care except for routine counseling on newborn care and breastfeeding as indicated. The client should seek further care from a physician or an APRN whose practice includes pediatrics. If any abnormality is identified or suspected, including but not limited to a report of an abnormal genetic/metabolic screen or positive antibody screen, the newborn must be sent for medical evaluation as soon as possible but no later than 72 hours.

Name of Physician/APRN for the infant:

Unknown: ☐

Phone Number _____ City/State _____

G. Consent Signatures

The consent signatures page will be kept in the client's chart as proof that all above Disclosure Form items have been initialed.

I have discussed and provided in writing the information included in this disclosure form with my client. I have discussed with her how this impacts her pregnancy and its outcome.

LLM Signature: _____ Date Signed _____

The above information has been discussed with me and also provided in writing. I understand its implications to my pregnancy and its outcome.

Client printed name

Client signature _____ Date signed



The Arkansas Lay Midwife Act gives authority to the Board of Health (BOH) to oversee Licensed Lay Midwives (LLMs) in Arkansas. As part of this authority, the BOH sets the rules and regulations for LLMs. These rules require that LLMs follow specific protocols for risk assessment, consultation, referral, and transfer of care to ensure the safety of the mother and baby. The BOH has delegated the authority to enforce these Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas to the Arkansas Department of Health (ADH).

LLMs are trained experts in the care of **low-risk** pregnancy for women who want to give birth outside of a hospital. Low-risk means that a woman is healthy and should have a normal birth of a healthy baby with no problems. Some women have health issues that give them a greater chance of problems for the mother or baby. The LLM's training may not prepare her/him to handle these health issues. **The health issue may call for testing or treatment that the LLM cannot give.** Careful thought and discussion about the safety of an out-of-hospital birth may be needed. A team of health care providers may be better able to handle some health issues. This team may involve LLMs, obstetricians, pediatricians, Certified Nurse Midwives (CNMs), specialists, family doctors, and others.

The mother and her health practitioners should talk about her health issues. Together they can decide on the best plan for her care and for the birth of a healthy baby. Talking about the risks is important and required by the Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas, and, as stated by NARM (North American Registry of Midwives) requires that:

If a midwife supports a client's choices that are outside her Plan of Care, she must be prepared to give evidence of informed consent. The midwife must also be able to document the process that led to the decision and show that the client was fully informed of the potential risk and benefits of proceeding with the new care plan. It is the responsibility of the midwife to provide evidence-based information, clinical expertise, and when appropriate, consultation or referral to other providers to aid the client in the decision making process.

Both the mother and the LLM must sign this form. Signing the form shows that the LLM and the mother have discussed the risks to both mother and baby of refusing the required test, procedure, treatment, medication, or referral. That discussion must include reviewing material from an ADH-approved source for each requirement being refused by the client. The LLM and the mother must decide on a plan of care for the health issue and that plan must be written on the form.

| LLM INFORMATION | |
|---------------------------|---------------------------------|
| <u>Name:</u> | <u>Arkansas License Number:</u> |
| <u>CPM #</u> | <u>CPM Expiration Date:</u> |
| <u>MBC #</u> | |
| <u>Telephone Number:</u> | <u>Email Address:</u> |
| CLIENT INFORMATION | |
| <u>Name:</u> | <u>Date of Birth:</u> |
| <u>Address:</u> | |
| <u>Telephone Number:</u> | <u>CLIENT FILE #</u> |

The client must initial each of the following statements:

I have been told by my LLM that my baby or I should have the following test, procedure, treatment, medication, or referral required by the Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas:

I have been told of the following risks and benefits of the test, procedure, treatment, medication, or referral:

ARKANSAS DEPARTMENT OF HEALTH

Women's Health

Application for Lay Midwifery License

| | | | | | | |
|--|----------------|--|--|---|------------------------|---|
| Last Name | | First | | Middle | Social Security Number | |
| | | | | | <u>Date</u> | |
| | | | | | <u>Date</u> | |
| Street | | City | | State | Zip | |
| Mailing Address, if different | | | | | | |
| Home Phone (_) | | Business Phone (_) | | Other Phone (cellular, pager, etc.) (_) | <u>Email</u> (→) | |
| Date of Birth <input type="checkbox"/> Male <input type="checkbox"/> Female | | Have you attended school, been licensed, or certified under a different name? <input type="checkbox"/> Yes If yes, what name(s) _____ <input type="checkbox"/> No | | | | |
| Did you graduate High School? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, do you have a GED or High School Equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No From Where? _____ Date Obtained: <u>2</u> | | | | | | |
| Highest Grade Completed | Date Completed | Name of High School | | Address | State | Zip |
| <u>CPM Certificate #</u> | | <u>Expiration Date</u> | | <u>MBC Certificate #</u> | | |
| <u>CM (AMCB) Certificate #</u> | | <u>Expiration Date</u> | | | | |
| <u>CNM (AMCB) Certificate #</u> | | <u>Expiration Date</u> | | <u>CNM License #</u> | | <u>Expiration Date</u> |
| College or Vocational Training Name and Address of School | | | | Dates Attended | | Total Credit/ Clock Hours |
| | | | | From To | | Date of Diploma Or Certificate |
| | | | | From To | | |
| | | | | From To | | |

ARKANSAS DEPARTMENT OF HEALTH

Women's Health

Application for Lay Midwifery License

| <u>Current Health-Related</u> Other Licenses Name of Trade or Profession | State | License Number | Expiration Date |
|--|-------|----------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Have you ever had a license revoked in any health-related field? ☐ Yes ☐ No

If yes, specify: _____

☐ Yes ☐ No

If yes, specify _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be attached and received before your application will be processed.

Please list any other states or territories where you have held a Midwife license and indicate whether or not the license is current:

(Verification of licensure sent from the state where the license is held may be requested.)

Has your application for any professional license, certificate, registration been denied by any state licensing board or federal authority? ☐ Yes ☐ No

If yes, specify _____

| Practical Experience | As Active Participant | As Primary Midwife | Out of Hospital Births | Hospital Births | Supervisor |
|--|-----------------------|--------------------|------------------------|-----------------|------------|
| Management of Labor and Births | | | | | |
| Initial Prenatal Exams | | | | | |
| Prenatal Exams | | | | | |
| Newborn Evaluation | | | | | |
| Postpartum Evaluations 0 to 5 Hours Postpartum | | | | | |
| Postpartum Evaluations 24 to 72 Hours Postpartum | | | | | |
| Births with ≥4 prenatal exams, birth attendance, | | | | | |

ARKANSAS DEPARTMENT OF HEALTH

Women's Health

Application for Lay Midwifery License

| | | | | | |
|--------------------------------------|--|--|--|--|--|
| newborn exam, and postpartum exam | | | | | |
|--------------------------------------|--|--|--|--|--|

The above practical experiences were performed under the supervision of the following individuals:

| Full Name and Title of Supervisor | Complete Mailing Address |
|-----------------------------------|--------------------------|
| | |
| | |
| | |
| | |

ATTACH RECENT PHOTOGRAPH HERE

Passport style taken
within 60 days prior
to submission
of application

I certify that all information given on this application is true and accurate. That in consideration of the issuance to me of a license to practice in Arkansas, I swear that I shall observe, abide by and uphold the laws of the State of Arkansas governing my practice and that I shall abstain from unethical, deceptive and fraudulent methods of practice and from immoral, unprofessional and unethical conduct, and that I shall not associate professionally with nor become a partner or employee of any person who resorts to such practices. I hereby agree that the violation of this oath shall constitute cause sufficient for the revocation of said license and surrender of the rights and privileges accorded me there under.

Signature of Applicant

Date

*Notarize here if you are an Apprentice applying for the Lay Midwife License

ARKANSAS DEPARTMENT OF HEALTH

~~Women's Health~~

Application for Lay Midwifery License

PROCEDURES FOR APPLYING FOR LAY MIDWIFERY LICENSE

Type or print the application and check thoroughly before submitting. An incomplete application will delay processing. All items must be on file before your application will be considered. If any of your application documentation requires additional information the review process may take longer. Apply far enough in advance to allow for processing time.

All applicants must submit the following items:

- ☐ 1. Complete application form, including passport style and size photograph, head and shoulders, taken within 60 days of application date.
- ☐ *2. Notarized copy of the applicant's high school diploma, GED Certificate or documentation of highest degree attained after high school. Must include the name of the issuing school or institution and the issue date.
- ☐ *3. Notarized copy of one of the following documents that demonstrates the applicant is 21 years of age or older:
 - ☐ A. Birth Certificate
 - ☐ B. U.S. Passport, current or expired
 - ☐ C. U.S. Driver's License or other state-issued identification document
 - ☐ D. Document issued by federal, state or provincial registrar of vital statistics
- ☐ 4. Documentation, if applicable, in the form of a verification letter directly from the certifying body or a notarized copy of the applicant's certificate that applicant is currently certified:
 - ☐ i. By NARM as a Certified Professional Midwife (CPM).
 - ☐ ii. By the American Midwifery Certification Board (AMCB) as a certified nurse midwife (CNM).
 - ☐ iii. By the American Midwifery Certification Board (AMCB) as a certified midwife (CM).
 - ☐ iv. By certification deemed equivalent and approved by ADH.

ADH may request additional documentation to support applicants' qualifications or certifications. It is the responsibility of the licensee to ensure relevant credentials are current at all times and documentation must be provided upon request.
- ☐ 5. Documentation, if applicable, that applicant holds an MBC issued by NARM. Documentation may be received in the form of a verification letter directly from the certifying body or a notarized copy of the applicant's certificate.

Applicants with a current Apprentice permit issued prior to the effective date of these Rules must additionally submit the following notarized forms:

- ☐ 1. Clinical Experience Documentation for Births as a Primary Midwife form
- ☐ 2. Preceptor Verification Form
- ☐ 3. Documentation of Acquisition of Clinical Knowledge and Skills (completed by each Preceptor)
- ☐ 4. Copy of both sides of current certification in adult and infant cardiopulmonary resuscitation. Only certifications from courses which include a hands-on component are accepted. Online-only courses are not accepted. Approved CPR courses include the American Heart Association and the American Red Cross. It is the responsibility of the licensee to ensure this certification is current at all times and documentation must be provided upon request.
- ☐ 5. Copy of both sides of current certification in neonatal resuscitation through a course recognized by NARM. It is the responsibility of the licensee to ensure this certification is current at all times and documentation must be provided upon request.

NOTE:

- ☐ Applicant's name must be the same on all documents or the applicant must submit proof of name change with application.
- ☐ ADH has the option to request of verification of current required certifications and of other licensure held.
- ☐ *Arkansas Apprentices that have provided this information to the Health Department with apprentice application will not be required to resubmit these items.

Mail all forms and attachments to:
ARKANSAS DEPARTMENT OF HEALTH
WOMEN'S HEALTH SECTION, SLOT 16

ARKANSAS DEPARTMENT OF HEALTH

~~Women's Health~~

Application for Lay Midwifery License

4815 W. MARKHAM ST.
LITTLE ROCK, AR 72205

Type or print the application and check thoroughly before submitting. An incomplete application will delay processing.

The following documentation must be included with the application:

~~*Copy of High School Diploma, GED Certificate or highest degree obtained.~~

~~Current documentation of a negative TB skin test, negative chest X-ray, or a valid health card.~~

~~*Date of Rubella Immunization or documentation of rubella immune status.~~

~~Current certification by American Red Cross or American Heart Association to provide cardiopulmonary resuscitation to adults and infants.~~

~~Documents of completion of the clinical requirements by either:~~

~~Clinical Experience Documentation for Births as Primary Midwife Form, Preceptor Verification Form for Licensed Lay Midwife Application and Documentation of Acquisition of Clinical Knowledge and Skills (completed by each supervising Midwife) documenting the minimal practice experience requirements. (Notary Required) or~~

~~Verification of attainment of the Certified Professional Midwife credential in the form of a letter from the North American Registry of Midwives or a notarized copy of your CPM certificate.~~

~~* Arkansas Apprentices that have provided this information to the Health Department with apprentice application will not be required to resubmit these items.~~

Mail all forms and attachments to:

~~FREEMAN MEDICAL BUILDING
AR DEPT OF HEALTH, WOMEN'S HEALTH
5800 WEST 10TH, SUITE 401
LITTLE ROCK, AR 72204~~

ARKANSAS DEPARTMENT OF HEALTH ~~OF HEALTH~~

Women's Health

Lay Midwifery License Renewal

| | | | | | | |
|--|--|--|--------------|---------------------------------------|--------|--|
| Last Name | | First | Middle | Date of Birth | Gender | Date |
| <i>It is your responsibility to notify us of any change in name or address</i> | | Midwife License Number | | Social Security Number | | |
| Address (include Street, City, State, Zip) | | | | Home Phone () | | |
| | | | | Business Phone () | | |
| Mailing Address, if different from above | | | | Other Phone (pager, etc.) () | | |
| | | | | <u>Email Address:</u> | | |
| <u>CPM License #</u> | | <u>Expiration Date</u> | | <u>Midwifery Bridge Certificate #</u> | | |
| <u>CM Certificate #</u> | | <u>Expiration Date</u> | | | | |
| <u>CNM Certificate #</u> | | <u>Expiration Date</u> | | <u>CNM License #</u> | | <u>Expiration Date</u> |
| College/Vocational Training/ Continuing Education since last application (attach copy of diploma/certificate) | | Name and Address (City/State) of School or Provider of Continuing Education | | Dates Attended | | Total Credits/ Clock Hours/ Contact Hours |
| | | | | From _____ To _____ | | |
| | | | | From _____ To _____ | | |
| | | | | From _____ To _____ | | |
| | | | | From _____ To _____ | | |
| | | | | From _____ To _____ | | |
| | | | | From _____ To _____ | | |
| <u>Current Midwifery Licenses other than Arkansas (Verification of licensure may be requested)</u> | | | <u>State</u> | <u>License Number</u> | | <u>Expiration Date</u> |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| <u>Other Licenses Now Current Health Related Licenses</u> | | | <u>State</u> | <u>License Number</u> | | <u>Expiration</u> |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | |
|--|---|
| <p>Have you ever had a license revoked in any health-related field <u>since last application</u>? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify _____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Have you ever been convicted of a felony <u>since last application</u>? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify _____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>Has your application for any professional license, certificate, registration been denied by any state licensing board or federal authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____</p> <p>_____</p> <p>_____</p> | |
| <p><u>That in consideration of the issuance to me of a license to practice in Arkansas, I swear that I shall observe, abide by and uphold the laws of the State of Arkansas governing my practice and that I shall abstain from unethical, deceptive and fraudulent methods of practice and from immoral, unprofessional and unethical conduct, and that I shall not associate professionally with nor become a partner or employee of any person who resorts to such practices. I hereby agree that the violation of this oath shall constitute cause sufficient for the revocation of said license and surrender of the rights and privileges accorded me there under.</u></p> <p>Signature of Applicant _____ Date _____</p> | |
| <p>INSTRUCTIONS</p> <p>Type or print the application and review thoroughly before submitting. An incomplete application will delay processing. The following documentation must be included with the application:</p> <ol style="list-style-type: none"> 1. Copy of certificate in Cardio Pulmonary Resuscitation (infant and adult) showing expiration dates. 2. Current documentation of a negative TB skin test, negative chest x ray or a valid health card. 3. Documentation of hours of continuing education obtained (LMW Reg. 301.02) <p>Mail all forms and attachments to:</p> <p style="text-align: center;"> FREEWAY MEDICAL BUILDING AR DEPT OF HEALTH, WOMEN'S HEALTH 5800 WEST 10TH, SUITE 401 LITTLE ROCK, AR 72204 </p> | |

PROCEDURES FOR APPLYING FOR RENEWAL OF LAY MIDWIFERY

LICENSE

Lay midwifery licenses are valid for up to three (3) years and are renewed on August 31 of the third year of licensure. Applications are due 60 days prior to that date.

In order to be reviewed an application for renewal must be complete and accompanied by all supporting documentation. Type or print the application and review thoroughly before submitting. An incomplete application will delay processing.

All applicants must submit the following items before your application will be considered:

- ☐ 1. Complete application form.
- ☐ 2. Copy of certificate documenting completion of ADH exam on the Arkansas Rules with a score of 80% or higher. Instructions for taking the exam are available from ADH.
- ☐ 3. Documentation, if applicable, in the form of a verification letter directly from the certifying body or a notarized copy of the applicant's certificate that applicant is currently certified:

- ☐ a. By NARM as a certified professional midwife (CPM).
- ☐ b. By the American Midwifery Certification Board (AMCP) as a certified nurse-midwife (CNM).
- ☐ c. By the AMCP as a certified midwife (CM).
- ☐ d. By certification deemed equivalent and approved by ADH.

ADH may request additional documentation to support applicant's qualifications or certifications. 4. Verification of Midwifery Bridge Certificate (MBC), if held and not previously submitted. Documentation may be received in the form of a verification letter directly from NARM or a notarized copy of the applicant's certificate.

For applicants who are LLMs who have been continuously licensed in the state of Arkansas prior to the effective date of these Rules, and who have never received certification from NARM as a CPM, the following requirements must be met:

- ☐ 1. Documentation of hours of continuing education obtained (LLM Rules, Section 202.#2.d.) Documentation must include a copy of the diploma or certificate and the following:
 - a. Type of training: College, Vocational Training, Continuing Education
 - b. Name of institution
 - c. Name of course
 - d. Dates attended (from-to)
 - e. Total number of credits/clock hours/contact hours
 - f. Date of diploma or certificate
- ☐ 2. Notarized copy of both sides of current certification adult and infant cardiopulmonary resuscitation. Only certifications from courses which include a hands-on component are accepted. Online-only courses are not accepted. Approved CPR courses include the American Heart Association and the American Red Cross.
- ☐ 3. Notarized copy of both sides of current certification in neonatal resuscitation through a course recognized by NARM.

NOTE:

- Applicant's name must be the same on all documents or the applicant must submit proof of name change with application.
- It is the responsibility of the licensee to ensure relevant credentials are current at all times and documentation must be provided upon request.
- ADH has the option to request verification of current required certifications and of other licensure held.

Mail all forms and attachments to:
ARKANSAS DEPARTMENT OF HEALTH
WOMEN'S HEALTH SECTION, SLOT 16
4815 W. MARKHAM ST.
LITTLE ROCK, AR 72205

Arkansas Department of Health
Instructions for Completing
LLM Required Reports

Caseload and Birth Log

The Licensed Lay Midwife Caseload and Birth Report Log is required under Section ~~Refer to Section~~ 7500 of the Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas (date)2007. ~~The Midwife Caseload and Birth Log, and Complications Report forms are is provided~~ by available from the Arkansas Department of Health (ADH).

The Licensed Lay Midwife Caseload and Birth Report Log is designed to be a perpetual report, so that the same form may be copied and re-submitted on a monthly basis until the pages ~~is are~~ full and a new pages ~~is~~ started ~~(each page allows for listing 17 clients).~~ Accurate spelling of the client's name is required. A new Caseload and Birth Report Log is opened each January 1. The current undelivered caseload will be carried over to a new birth log for the January 1 report. The report must be dated, completed and submitted monthly even if there is no new activity that month and must be ~~Mail a copy of the Log to the Department postmarked no later than the 10th of each the month. It is not necessary to mail a copy of the Log for a month that has none of the reportable events listed below.~~

The report consists of 2 pages:

- Coversheet: A continuous record of the year's activity. Each column represents one month. A new coversheet is initiated each January.
- Caseload List: Each page provides room for listing clients. Please copy and add additional sheets as needed. Each January, a caseload list of undelivered clients is submitted as the initial caseload for the calendar year.

~~Use~~ The Caseload and Birth Report Log is used to report the following:

1. Women who receive prenatal care from the lay midwife LLM for more than one month of the gestation period regardless of whether or not the lay midwife LLM attended the birth.
 - a. ~~You may e~~ Enter the name and estimated due date on the Log at the time any point a the client enters into receives more than one month of care of the LLM.
 - b. Enter the date the Disclosure Form is signed by client and LLM.
 - ~~b.c. ADH The Division requires requests that~~ all clients receiving care be listed on the Log ~~by~~ 36 weeks gestation in order to establish statistically reliable data for annual reports.
2. Clients who are referred for care, transferred to another provider, transported, lost to follow-up (or leave LLM midwife care), or for other reasons are not attended by the LLM midwife at birth.
3. Consultations between the lay midwife LLM and a physician, ~~or~~ CNM or an ADH clinician to discuss the status and future care of the client.
4. Labors/births attended by the midwife LLM.
5. Apprentice name when apprentice participates in the client's birth care.

On the Caseload List, the boxes for reporting Consults/Referrals and Transport or Hospitalization of Mother and/or Newborn shall be completed as follows:

Arkansas Department of Health
Instructions for Completing
LLM Required Reports

- In the box write in the appropriate letter to indicate if it is a consult (C), referral (R) or transport for the mother (M), newborn (N) or both (B) and the date of the event.

Example: For a Consult : _____ For a Maternal Transport: _____

C 2/17/2017

M 2/17/2017

Incident Report

Use the ~~Complications~~ **Incident** Report form is used to document incidents or complications and must be submitted to ADH, postmarked the Division by the 10th of the month ~~for the following~~. Please note that there is a different reporting time-frame for some complications. Refer to section 8 below or Rules section 400 for details. When a second page is needed to provide a comprehensive report, attach and number the second page. Do not write or record anything on the back of any pages.

The following events must be documented:

- ~~1. 1.~~ **Consultations (consults) and Referrals.** Refer to Rules ~~and Regs~~ (definitions 103.10 and 103.22~~204~~); Consultation is ~~occurs between the licensed lay midwife and a physician or CNM discussing the status and future care of the client and may result in a Referral (definition 214) in which the client receives an office visit for evaluation and determination of future care; the process by which an LLM who maintains primary management responsibility for the client's care, seeks the advice of a physician, CNM, or ADH clinician. This may be by phone, in person or by written request. The physician, CNM, or ADH clinician may require the client to come into their office for evaluation. Referral is the process by which the client is directed to a physician, CNM or ADH clinician for management of a particular problem or aspect of the client's care, after informing the client of the risks to the health of the client or newborn.~~

A consultation or referral for a complication must be documented in the client record and Incident Report whether or not a ~~Referral~~, Transfer or Transport becomes necessary ~~(Item 700)~~.

- Consultation and/or Referral is required for:
- a. Pre-existing conditions listed in the Rules ~~and Regs~~ Item section 406.01303.02
 - b. Prenatal conditions listed in 406.02303.03
 - c. Intrapartum conditions listed in 407.02305.02
 - d. Postpartum conditions listed in 408.02307.02
 - e. Newborn conditions listed in 4309.02
 - f. Other problems not specified in the protocol in which there are significant deviations from normal ~~(noted in 406 and 600)~~

~~2.~~

~~3.~~

~~4.~~

- ~~5. 2.~~ **Transfers.** Refer to Rules ~~and Regs~~ (definition 216)103.22: ~~occurs when complications arise beyond the scope of midwife practice defined in the regulations. The process by which the LLM relinquishes care of her client for pregnancy, labor, delivery, or postpartum care to a physician.~~

Instructions for Completing LLM Required Reports Page 2 of 4

Arkansas Department of Health
Instructions for Completing
LLM Required Reports

CNM or ADH clinician, after informing the client of the risks to the health or life of the client. A transfer may result from a consultation and/or referral for a complication, or may occur for social reasons (relocation, preference for another provider, preference for a hospital birth, financial reasons, et al). *The delivery date for transfers is recorded when known by the midwifeLLM.*

Transfers resulting from complications include:

2.
 - ~~a. a)~~ Conditions that preclude midwifeLLM care listed in 303.01 (406.01, 407.01, 408.01, 409.01)
 - ~~a.~~
 - ~~b. b)~~ Recommendation of the consultant (physician, CNM, DepartmentADH clinician) following a risk assessment, consultation or referral
 - ~~b. 1~~
 - ~~c.~~ Other conditions as determined by the midwifeLLM
 - ~~c.~~

6. Immediate

~~7. 3. Transports. Refer to Rules and Regs (definitions 206 and 207):~~ Occurs when the client must be taken to a medical facility by the most expedient method of transportation available, to obtain treatment or evaluation is necessary for an emergency condition or complication for mother or babe, and includes:

3.
 - ~~a. Antepartum Conditions (406.01, 406.02)~~
- ~~8. Intrapartum conditions, Rules section- 305.01 (407.01, 407.02)~~
- ~~9. Postpartum conditions, Rules section- 307.01 (408.01, 408.02)~~
- ~~10. Newborn conditions, Rules section 309.01 (409.01, 409.02)~~
- ~~c.~~
- ~~b.~~ Other conditions as determined by the midwifeLLM
- ~~d.~~

4. LLM Terminated Care. Refer to Rules section 301.01.

5. Informed Refusals. LLMs who have a current CPM or MBC credential must utilize the ADH Informed Refusal Form in specific situations outlined in the Rules section 104, #4-8. The Informed Refusal Form must be completed according to Rules section 104, #8.c - #8.f. which includes the requirement for the LLM to document the Informed Refusal by completing an

Arkansas Department of Health
Instructions for Completing
LLM Required Reports

Incident Report form and noting the Informed Refusal on the next Caseload and Birth Report Log to be submitted to ADH. The form is maintained in the client record and a copy does not have to be submitted with the required monthly reports.

6. **Third Risk Assessment (Post Dates).** Refer to Rules section 302.01 (3) and 303.01 (5).
Between 41 weeks and 0/7 days and 42 weeks and 0/7 days of gestation, a third risk assessment is required. A documented plan for care beyond 42 weeks 0/7 days gestational age must be submitted to the ADH as a required incident report.
7. **Emergency Measures.** Refer to Rules section 400. Refers to emergency measures taken by the LLM when the attendance of a physician or CNM cannot be speedily secured. Unauthorized emergency measures must be reported by the LLM. Physician- or CNM-authorized emergency measures must be reported with documentation of the physician or CNM signed orders.
8. **4. Perinatal Hospitalization or Death.** Refer to Rules ~~and Regs 7~~ section 400.
- a. Complications resulting in intrauterine fetal death, or maternal or newborn death the death of a mother, infant, or fetus within 4824 hours of delivery must be reported to the Department ADH within two (2) working business days.
 - b. The client information should appear on the Caseload for the month but the Perinatal Death Report does not need to be re-submitted. Maternal or newborn deaths that occur between two (2) through thirty (30) days of birth will be reported to ADH within 5 business days.
 - c. Maternal or newborn hospitalizations that occur within thirty (30) days of delivery must be reported to ADH within five (5) business days.

The above reports must be mailed monthly to ADH and postmarked no later than the 10th of each month to the following address:

Arkansas Department of Health
Women's Health Section, Slot 16
4815 W. Markham

a. Little Rock, R 72205

ARKANSAS DEPARTMENT OF HEALTH

LICENSED MIDWIFE CASELOADLM AndCaseload – Birthand – LogBirth Log

| FOR ADH USE ONLY | | | |
|---------------------|--|---------------|--|
| Date Received | | By Mail | |
| By Fax | | By Fax | |
| # of Caseload Pages | | # of IR Pages | |

Name of Midwife Name _____ Name of Apprentice(s), Back-up LLM _____

Year _____ Report Dates _____

| Client Name | Estimated Due Date | In Disclose Form Signed | Left LLM Care for Non-Medical Reason | Lost Contact | Incident Report Required Consult | | | | | | | Lost to Follow Up Incident Report | Home Delivery Date | Hospital Delivery | Apprentice/s or other LLM Providing Care @ Birth | |
|-------------|--------------------|-------------------------|--------------------------------------|--------------|----------------------------------|-----------------------|-----------------------|---------------|-----------------------|---------------------|-----------------------------|-----------------------------------|--------------------|-------------------|--|-----------------------------|
| | | | | | Or Refer Date | Consult Or Refer Date | Consult Or Refer Date | Transfer Date | Transport Mother Date | Transport Babe Date | Consult (C) Or Referral (R) | | | | | Consult (C) Or Referral (R) |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

ARKANSAS DEPARTMENT OF HEALTH

LLM Monthly Worksheet

LLM Name _____

Monthly Totals for Year _____

Enter the total number of events for each category for each month of the year. Enter 0 (zero) when there are no events in the month reporting.
Attach this report form as a cover sheet to the Caseload and Birth Log and all related Incident Reports for the reporting month.

| <u>MONTH</u> | <u>NEW</u> <u>CLIENTS</u> | <u>LEFT CARE</u> <u>Non-</u> <u>Medical</u> <u>Reason</u> | <u>LOST</u> <u>CONTACT</u> | <u>TRANSFER</u> <u>CARE for</u> <u>Medical</u> <u>Reason</u> | <u>NUMBER</u> <u>Of</u> <u>CONSULTS</u> | <u>NUMBER</u> <u>Of</u> <u>REFERRALS</u> | <u>TRANSPORTS</u> <u>Mother(M)</u> <u>Newborn(N)</u> <u>Both(B)</u> | <u>Hospitalized</u> <u>within 30</u> <u>days of</u> <u>Delivery</u> <u>Mother(M)</u> <u>Newborn(N)</u> | <u>Number</u> <u>of</u> <u>Home</u> <u>Births</u> | <u>Number</u> <u>of</u> <u>Hospital</u> <u>Delivery</u> | <u>Number</u> <u>of</u> <u>Incident</u> <u>Reports</u> |
|------------------|------------------------------|--|-------------------------------|---|---|--|--|---|--|--|---|
| <u>JANUARY</u> | | | | | | | | | | | |
| <u>FEBRUARY</u> | | | | | | | | | | | |
| <u>MARCH</u> | | | | | | | | | | | |
| <u>APRIL</u> | | | | | | | | | | | |
| <u>MAY</u> | | | | | | | | | | | |
| <u>JUNE</u> | | | | | | | | | | | |
| <u>JULY</u> | | | | | | | | | | | |
| <u>AUGUST</u> | | | | | | | | | | | |
| <u>SEPTEMBER</u> | | | | | | | | | | | |
| <u>OCTOBER</u> | | | | | | | | | | | |
| <u>NOVEMBER</u> | | | | | | | | | | | |
| <u>DECEMBER</u> | | | | | | | | | | | |

A copy of the Caseload and Birth Log is submitted monthly listing all clients by 4 weeks of care and postmarked by the 10th of the following month. All required incidents that must be reported to the ADH shall be documented on the Incident Report Form in the month they occur and submitted with the Caseload and Birth Log. When necessary to change a name or date on the Caseload and Birth Log, draw a single line through the incorrect entry and write the correct entry beside it. Hospitalization of the mother/newborn within 30 days of delivery must be reported within 5 business days. Complications within 48 hours of delivery that result in death of mother, infant or fetus must be reported to the department within 2 business days. Maternal and/or newborn deaths that occur between 2-30 days of delivery must be reported to the ADH within 5 business days. Submit the Caseload and Birth Log and attachments by the 10th of the following month to: **Arkansas Department of Health, Women's Health Section, Slot 16, 4815 W. Markham, Little Rock AR 72205.**

ARKANSAS DEPARTMENT OF HEALTH

Complications Incident Report

| FOR ADH USE ONLY | | | |
|-------------------|--|--------|--|
| Date Received | | | |
| By Mail | | By Fax | |
| # of Report Pages | | | |

~~Arkansas Department of Health~~
Licensed Lay Midwife

LLM Midwife Name: _____ **Apprentice**
Name: _____

Date of Incident Report: _____ **Date of Report:** _____

Client Name: _____
EDD: _____ **Delivery/Birth Date:** _____

Midwife-LLM Action: _____ Consultation _____ Referral _____ Transfer _____ Transport _____

Third Risk Assessment (Post Dates) _____ **Authorized Emergency Measures** _____ **Un-Authorized Emergency Measures** _____

Other Incident: Hospitalization of Mother/Newborn within 30 Days of Delivery _____ Unattended Home Birth _____
(Must report within 5 business days)

_____ Maternal/Newborn Death within 48 hours Delivery _____ OR Within 2-30 days of Birth _____
(Must report within 2 business days) (Must report within 5 business days)

Describe the Condition identified by the LLM and the Related History that led to the LLM's Action:

CPM/MBC Informed Refusal Form _____ **Date Signed:** _____ **List the Refused Requirement(s):**

Consultants Name (Physician, CNM, or ADH Clinician): _____

Hospital _____ **Address** _____ **Phone Number** _____

Telephone Number _____

Date of Consultation, Appointment, Transfer or Transport:

Findings of Consultant:

Recommendations and Actions of Consultant of the Consultant (for authorized emergency measures attach signed MD/CNM orders):

~~Midwife-LLM~~ Plan of Care:

Outcome of Care. With delivery of the newborn, include the Method of Birth, Birth Weight, Apgars, any Complications:

÷

In accordance with ~~regulation 700 of the~~ Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas 2007(year) the ~~Complications Re~~Incident Report must be mailed to ~~the Department ADH~~ by the 10th of the month following the event; earlier reporting is required for certain events as noted in this form. Enclose the report with the corresponding Caseload and Birth Log for the month. Documentation of medical consults ~~should~~ must be maintained in the client health record and made available upon request.

ARKANSAS DEPARTMENT OF HEALTH
Preceptor-Apprentice Agreement
For NARM PEP Apprentices

Apprentice's name _____

~~To receive an Apprentice Permit, the apprentice~~ The apprentice ~~preceptor~~ preceptor must ~~file an Application for Apprentice Permit and~~ submit a signed Preceptor-Apprentice Agreement for each apprentice. The preceptor is responsible for the training of the apprentice and for supervision of the apprentice's performance as an assistant or primary midwife in the attainment of the required clinical experiences and demonstration of skills. The ~~primary~~ primary preceptor ~~shall~~ should provide instruction prior to the performance of clinical skills, and ~~shall~~ should sign ~~off on the majority of~~ off on the majority of the required clinical experiences and skills. ~~Other qualified preceptors may sign for some of the required clinical experiences and skills.~~

Should ~~the~~ any Preceptor-Apprentice Agreement be terminated by either party, it is the responsibility of both parties to notify ~~the ADH~~ the Arkansas Department of Health ~~immediately.~~ immediately. An apprentice ~~must~~ may not continue to perform under any ~~other qualified~~ preceptors ~~unless~~ until a signed Preceptor-Apprentice Agreement is on file with ~~ADH~~ the Arkansas Department of Health.

Apprentices shall follow all applicable Arkansas laws and these Rules.

Apprentices are required to comply with all provisions of HIPAA (Health Insurance Portability and Accountability Act).

Preceptors must meet all preceptor requirements of the North American Registry of Midwives (NARM).

~~Preceptors must be an Arkansas licensed midwife or certified nurse midwife, or if outside of Arkansas, preceptors must be licensed by the state of residency as a direct entry midwife or certified nurse midwife, or have a Certified Professional Midwife credential from the North American Registry of Midwives.~~

Apprentice Information (PRINT):

Name _____

Address _____

City _____

State _____

Zip _____

Phones: (h) _____

(c) _____

email: _____

Preceptor Information (PRINT):

Name _____

Address _____

City _____

State _____

Zip _____

Phones: (h) _____
(c) _____ email: _____

Licensed by (state) _____ date of expiration _____

~~Or~~ CPM number _____ - date of expiration _____ MBC: ☐ Yes ☐ No

~~In practice as a primary midwife since _____ total number of births _____~~

~~If not licensed in Arkansas, provide notarized copy of state license or CPM certificate, or have a verification letter sent by NARM.~~

I agree to provide training in all of the required clinical knowledge and skills, and to supervise by direct, on-site, supervision, all clinical experiences that will have my signature on the clinical documentation experience forms for:

Apprentice's signature _____ date _____

Signature of Preceptor _____ date _____

APPENDIX B: TRANSITIONAL PROVISIONS AND FORMS

1. Transitional Apprentices
2. Preceptor-Apprentice Agreement for Transitional Apprentices
3. Apprentice Acquisition of Clinical Skills Form

TRANSITIONAL APPRENTICES

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

1. The apprentice must submit a signed Preceptor-Apprentice Agreement to ADH within thirty (30) days of signing for each preceptor under which the apprentice trains during the course of their apprenticeship. The ADH Preceptor-Apprentice Agreement form (found in this Appendix) or available on the ADH website) shall be used for this notification.
2. Should the Preceptor-Apprentice Agreement be terminated by either party, it is the responsibility of both parties to notify ADH immediately. An apprentice must not continue to perform under any preceptor(s) unless a new signed Preceptor-Apprentice Agreement is on file with ADH.
3. Preceptors must be an Arkansas-licensed midwife or certified nurse-midwife, or if outside of Arkansas, preceptors must be licensed by the state of residency as a direct-entry midwife or certified nurse midwife, or have a Certified Professional Midwife credential from the North American Registry of Midwives.
4. Any changes in the apprentice’s contact information must be provided to ADH by the apprentice within thirty (30) days of the status change.
5. Apprentices shall follow all applicable Arkansas laws and these Rules.
6. Apprentices are required to comply with all provisions of HIPAA (Health Insurance Portability and Accountability Act).
7. Permit Renewal

For those apprentices holding valid Apprentice Permits, on or before the effective date of these Rules, the permit must be renewed by the permit’s expiration date if necessary. Renewal will only occur upon application and favorable review by ADH. This review

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

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

- a. A completed application (Appendix A).
- b. A copy of both sides of current certification in adult and infant cardiopulmonary resuscitation (CPR). Approved CPR courses include the American Heart Association and the American Red Cross. Note: Only certification from courses which include a hands-on skills component are accepted. Online-only courses are not accepted. It is the responsibility of the apprentice to ensure this certification is current at all times and documentation must be provided upon request.
- c. A copy of both sides of current certification in neonatal resuscitation through a course approved by NARM. Note: Only certification from courses which include a hands-on skills component are accepted. Online-only courses are not accepted. It is the responsibility of the apprentice to ensure this certification is current at all times and documentation must be provided upon request.
- d. Documentation of clinical experience for the time period covered for the current permit period. This includes progress made toward licensure for those years, i.e. number of antepartum (AP) visits conducted, labor managements and deliveries, newborn evaluations and postpartum examinations conducted under supervision.
- e. Verification of all current Preceptor-Apprentice relationships documented by a Preceptor-Apprentice Agreement form for each preceptor signed within 90 days of application submission.

8. Initial Licensure

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

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

Once the CPM certification is received, a notarized copy of the certificate or a verification letter sent directly from NARM must be submitted to ADH within thirty (30) days of certification.

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

a. A completed application.

b. Additional documentation as follows:

i. A passport style and size photo of the applicant, head and shoulders, taken within sixty (60) days of the submission date of the application and attached to the application.

ii. A copy of one of the following documents that demonstrates the applicant is 21 years of age or older:

A. The applicant's birth certificate.

B. The applicant's U.S. passport, U.S. Driver's License or other state-issued identification document.

C. Any document issued by federal, state or provincial registrar of vital statistics showing age.

c. A copy of both sides of current certification in adult and infant cardiopulmonary resuscitation (CPR). Approved CPR courses include the American Heart Association and the American Red Cross. Note: Only certification from courses which include a hands-on skills component are accepted. Online-only courses are not accepted. It is the responsibility of the licensee to ensure this certification is current at all times and documentation must be provided upon request.

d. A copy of both sides of current certification in neonatal resuscitation through a course approved by NARM. Note: Only certification from courses which include a hands-on skills component are accepted. Online-only courses are not accepted. It is the responsibility of the licensee to ensure this certification is current at all times and documentation must be provided upon request.

- e. Documentation of a high school diploma, or its equivalent, and documentation of the highest degree attained after high school. This documentation should include the name of the issuing school or institution and the date issued. Applicant's name must be the same as on the copy of the diploma or degree. If applicant's name is not the same, applicant must submit proof of name change with application.
- f. Verification of professional health-related licensure in other jurisdictions may be requested by ADH.

9. Documentation of Practical Experience

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

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

- a. Clinical Experience Documentation for Births as a Primary Midwife form
- b. Preceptor Verification Form for LLM Application
- c. Documentation of Acquisition of Clinical Knowledge and Skills (completed by each Preceptor Midwife)
 - i. The applicant must attend a minimum of 20 births as an active participant.
 - ii. Functioning in the role of primary LLM under direct on-site supervision, the applicant must attend a minimum of an additional 20 births, of these:
 - A. A minimum of 10 must occur in an out-of-hospital setting and
 - B. A minimum of 3 must include at least 4 prenatal exams, birth attendance, the newborn exam, and 1 postpartum exam, each conducted personally by the applicant with direct supervision.
 - C. 75 prenatal exams, including 20 initial exams

D. 20 newborn exams

E. 40 postpartum exams

10. Licensing Examination

- a. After the provisions listed above are satisfactorily completed, the applicant is eligible to take the NARM licensing exam.
- b. Upon receipt of documentation that the applicant has passed the NARM examination the applicant is eligible to take the Arkansas Rules Examination, administered at ADH at least three (3) times each year.
- c. The applicant shall provide proof of identity by a government-issued photographic identification card upon the request of the individual administering the test.
- d. If an applicant scores eighty percent (80%) or higher correct answers on the Arkansas Rules Examination, ADH shall provide to an applicant a written notice of examination results and a license will be issued.

ARKANSAS DEPARTMENT OF HEALTH
Preceptor-Apprentice Agreement
For Transitional Apprentices

Apprentice's name _____

~~To receive an Apprentice Permit, the apprentice must file an Application for Apprentice Permit and submit a signed Preceptor-Apprentice Agreement for each preceptor under whom they train. The preceptor is responsible for the training of the apprentice and for supervision of the apprentice's performance as an assistant or primary midwife in the attainment of the required clinical experiences and demonstration of skills. The primary preceptor shall should provide instruction prior to the performance of clinical skills, and shall should sign off on the majority of the required clinical experiences and skills. Other qualified preceptors may sign for some of the required clinical experiences and skills.~~

Should ~~the any~~ Preceptor-Apprentice Agreement be terminated by either party, it is the responsibility of both parties to notify ~~the ADH~~ Department of Health immediately. An apprentice ~~must may~~ not continue to perform under any ~~other qualified~~ preceptors ~~unless until~~ a signed Preceptor-Apprentice Agreement is on file with ADH ~~the Department~~.

Apprentices shall follow all applicable Arkansas laws and these Rules.

Apprentices are required to comply with all provisions of HIPAA (Health Insurance Portability and Accountability Act).

~~Preceptors must be an Arkansas licensed midwife or certified nurse midwife, or if outside of Arkansas, preceptors must be licensed by the state of residency as a direct entry midwife or certified nurse midwife, or have a Certified Professional Midwife credential from the North American Registry of Midwives.~~

Apprentice Information (PRINT):

Name _____

Address _____

City _____ State _____ Zip _____

Phones: (h) _____ (c) _____ email: _____

Preceptor Information (PRINT):

Name _____

Address _____

City _____ State _____ Zip _____

Phones: (h) _____
(c) _____ email: _____

Licensed by (state) _____ date of expiration _____

~~Or~~ CPM number _____ - date of expiration _____ MBC: ☐ Yes ☐ No

~~In practice as a primary midwife since~~ _____ ~~total number of births~~ _____

If preceptor is not licensed in Arkansas, ~~provide a~~ notarized copy of state license or CPM certificate must be submitted; or ~~have~~ a verification letter sent by NARM directly to ADH.

I agree to provide training in all of the required clinical knowledge and skills, and to supervise by direct, on-site, supervision, all clinical experiences that will have my signature on the clinical documentation experience forms for:

Apprentice's signature _____ date _____

Signature of Preceptor _____ date _____

ARKANSAS DEPARTMENT OF HEALTH

Women's Health

Apprentice Permit Renewal

Renewed permits will be valid until three (3) years from the effective date of the Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas.

| | | | | | |
|---|--|-------|--|--|------------------------------------|
| Last Name | | First | Middle | Date of Birth Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date |
| It is your responsibility to notify us of any change in name or address | | | | Social Security Number | |
| Address (include Street, City, State, Zip) | | | | | Home Phone () |
| | | | | | Business Phone () |
| Mailing Address, if different from above | | | | | Other Phone (pager, etc.) () |
| | | | | | Email Address |
| Other <u>Current Health Related</u> Licenses Now Current Name of Trade or Profession | | | State | License Number | Expiration Date |
| | | | | | |
| | | | | | |
| | | | | | |
| Have you ever had a license revoked in any health-related field <u>since last application</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify | | | Have you ever been convicted of a felony <u>since last application</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify | | |
| _____ | | | _____ | | |
| _____ | | | _____ | | |
| _____ | | | _____ | | |

INSTRUCTIONS

Type or print the application and review thoroughly before submitting. An incomplete application will delay processing. The following documentation must be included with the application:

1. ~~Copy of certificate in Cardio Pulmonary Resuscitation (infant and adult) showing expiration date.~~
2. ~~Current documentation of a negative TB skin test, negative chest x ray, or a valid health card.~~
3. ~~Current Preceptor Apprentice Agreement.~~
4. ~~Current Clinical Evaluation for Apprenticeship:~~
 - a. ~~Clinical Experience Documentation for Births as an Active Participant~~
 - b. ~~Clinical Experience Documentation for Births as a Primary Midwife~~
 - c. ~~Documentation of Acquisition of Clinical Knowledge and Skills~~

Mail all forms and attachments to:

~~FREEWAY MEDICAL BUILDING
AR DEPT OF HEALTH, WOMEN'S HEALTH
5800 WEST 10TH, SUITE 401
LITTLE ROCK, AR 72204~~

Signature of Applicant

Date

**PROCEDURES FOR APPLYING FOR RENEWAL OF
LAY MIDWIFERY APPRENTICE PERMIT
For Transitional Apprentices**

Transitional Apprentices will have three (3) years from the effective date of the Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas to successfully complete their apprenticeship and submit an application for lay midwifery licensure to ADH. If necessary, the apprentice permit may be renewed during this period and will be valid until three (3) years from the effective date of the Rules. The permit must be renewed by the permit's expiration date. All renewal requirements must be received by ADH at least 60 days before the permit's expiration date.

In order to be reviewed an application for renewal must be complete and accompanied by all supporting documentation. Type or print the application and review thoroughly before submitting. An incomplete application will delay processing.

All applicants must submit the following items before your application will be considered:

- ☐ 1. Complete application form.
- ☐ 2. Copy of both sides of current certification in adult and infant cardiopulmonary resuscitation. Only certifications from courses which include a hands-on component are accepted. Online-only courses are not accepted. Approved CPR courses include the American Heart Association and the American Red Cross. It is the responsibility of the apprentice to ensure this certification is current at all times and documentation must be provided upon request.
- ☐ 3. Copy of both sides of current certification in neonatal resuscitation through a course approved by NARM. Only certifications from courses which include a hands-on component are accepted. Online-only courses are not accepted. It is the responsibility of the apprentice to ensure this certification is current at all times and documentation must be provided upon request.
- ☐ 5. Verification of all current Preceptor-Apprentice relationships documented by Preceptor-Apprentice Agreement forms for each preceptor signed within 90 days of application submission.
- ☐ 6. Notarized documentation of clinical experience for the time period covered for this licensing period. This includes progress made toward licensure that year, i.e. number of AP visits conducted, labor managements and deliveries, newborn evaluations and post-partum examinations conducted under supervision.

NOTE:

- Applicant's name must be the same on all documents or the applicant must submit proof of name change with application.
- A Preceptor-Apprentice Agreement form must be signed by each preceptor under which the apprentice trains during the course of the apprenticeship and sent to ADH by the apprentice within 30 days of signing. An apprentice shall submit written notice to ADH within 30 days after any change to the relationship with a preceptor.

Mail all forms and attachments to:

ARKANSAS DEPARTMENT OF HEALTH
WOMEN'S HEALTH SECTION, SLOT 16
4815 W. MARKHAM ST.
LITTLE ROCK, AR 72205

Documentation of Acquisition of Clinical Knowledge and Skills

For Transitional Apprentices Only:

Instructions for the Documentation of Clinical Experiences:

All apprentices must have a Preceptor-Apprentice agreement on file with ~~ADH~~the Department of Health for each preceptor under whom the apprentice trains. ~~These~~is preceptors ~~is~~are responsible for the training of the apprentice and for the ~~majority of the~~ required clinical experiences. Other midwives licensed in the state of Arkansas may sign for some of the clinical experiences.

~~If any preceptor not licensed in the state of Arkansas is also a signer of any clinical experiences, that preceptor must have a Preceptor-Apprentice agreement on file with the Department. Any preceptor who signs on any portion of the Application must also be identified on the Preceptor Form included with the application.~~

The dates from the first assist to the final primary birth should encompass at least one year.

Preceptors are expected to sign the documentation forms at the time the skill is performed competently. Determination of “adequate performance” of the skill is at the discretion of the preceptor, and multiple demonstrations of each skill may be necessary. Documentation of attendance and performance at births, prenatal visits, postpartum visits, etc., should be signed only if mutually agreed that expectations have been met. Any misunderstanding regarding expectations for satisfactory completion of experience or skills should be discussed and resolved as soon as possible.

The preceptor is expected to provide adequate opportunities for the apprentice to observe clinical skills, to discuss clinical situations away from the clients, to practice clinical skills, and to perform the clinical skills in the capacity of a primary midwife, all while under the direct supervision of the preceptor. This means that the preceptor should be physically present when the apprentice performs the primary midwife skills. The preceptor holds final responsibility for the safety of the client or baby, and should become involved, whenever warranted, in the spirit of positive education and role modeling.

Twenty (20) of the 75 prenatal exams are required to be initial exams and include the ~~M~~midwife’s prenatal exam, initial interview and history (Appendix B, #9.c.)~~Regulation 402.3~~).

Births as an Active Participant are births where the apprentice is being taught to perform the skills of a midwife. Charting, other skills, providing labor support, and participating in management discussions may all be done in Active Participant births in increasing degrees of responsibility. Catching the baby should be a skill that is taught towards the end of the active participant period, but not counted as a supervised primary. The apprentice does not have to perform all skills at every birth in this category, but should be present throughout labor and birth and should perform at least some skills at every birth. The apprentice should complete most of the active participant births before functioning as Primary Midwife under supervision.

Births as Primary Midwife under supervision means that the apprentice demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor, who is physically present and supervising the apprentice’s performance of skills and decision making. Some skills at these births may be performed by the preceptor or other midwives/apprentices, but the catching of the baby, most skills, and labor management should be performed by the apprentice who is claiming the birth as a primary birth under supervision.

Documentation of Acquisition of Clinical Knowledge and Skills

****It is recommended that the apprentice make blank copies of all forms in the Application in the event that more space is needed for documentation of clinical experience, or when more preceptors are involved.**

Clinical Experience Documentation for Births as an Active Participant

**see Preceptor-Apprentice Documentation Information prior to signing this form*

Name of Apprentice _____

| Client Initials | Assist at Initial Midwife Exam | Number of Additional Prenatals | Assist at Birth | Date of birth | Place of birth | Assist Newborn Exam | Number of Postpartum Exams | Supervising Midwife's Signature |
|------------------|--------------------------------|--------------------------------|-----------------|---------------|----------------|---------------------|----------------------------|---------------------------------|
| Example | Yes | 4 | Yes | 1/3/06 | home | Yes | 2 | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
| 17 | | | | | | | | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |
| 21 | | | | | | | | |
| 22 | | | | | | | | |
| 23 | | | | | | | | |
| 24 | | | | | | | | |
| Minimum required | | | 20 | | | | | |
| Your numbers | | | | | | | | |

Documentation of Acquisition of Clinical Knowledge and Skills

There are no minimum numbers for any clinicals except assisting at birth, however, it is expected that the supervising midwife will provide training both outside of and during the performance of these other clinicals. The apprentice should provide the number of clinical experiences at which she assisted for each client listed. More than twenty spaces are provided in case some clinicals are performed on clients for which the apprentice does not attend the birth. Put a “yes” or “no” in columns unless a number, date, or other information is required. Do not leave spaces blank. Place of birth: indicate home, birth center, or hospital. Transports may count as an assist if the apprentice assisted during labor at home or birth center prior to transport.

There may be a period of training where the apprentice observes but does not perform assistant activities at clinical experiences. Observations should not be documented as assists.

Clinical Experience Documentation for Births as Primary Midwife

*see Preceptor-Apprentice Documentation Information prior to signing this form

Name of Apprentice _____

| Client Initials | Perform Initial Midwife Exam | Number of Additional Prenatals | Manage Labor and Birth | Date of birth | Place of birth | Perform Newborn Exam | Number of Postpartum Exams | Supervising Midwife's Signature |
|------------------|------------------------------|--------------------------------|------------------------|---------------|----------------|----------------------|----------------------------|---------------------------------|
| Example | Yes | 8 | Yes | 1/3/06 | home | Yes | 2 | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
| 17 | | | | | | | | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |
| 21 | | | | | | | | |
| 22 | | | | | | | | |
| 23 | | | | | | | | |
| 24 | | | | | | | | |
| 25 | | | | | | | | |
| 26 | | | | | | | | |
| Minimum required | 20 | 55 | 20 | | | 20 | 40 | |

Documentation of Acquisition of Clinical Knowledge and Skills

| | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|
| Your numbers | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|

The apprentice should provide the number of clinical experiences at which she assisted for each client listed. More than twenty spaces are provided in case some clinicals are performed on clients for which the apprentice does not attend the birth. Put a "yes" or "no" in columns unless a number, date, or other information is required. Do not leave spaces blank. For at least three clients, the apprentice should have provided a minimum of 4 prenatal, birth, newborn, and 2 postpartum exams.

Place of birth code: please indicate home, birth center, or hospital. **Transports to the hospital may not count toward the 20 required primary births, but may be documented for prenatal exams, etc.**

Apprentice's name _____

The following skills must be documented by a qualified preceptor as being competently performed by the apprentice. **Performance of the skills includes a demonstration and/or verbal discussion of the knowledge implied by the performance of the skill. Please indicate "by discussion" if skill is not performed.**

The preceptor should **date and initial** each line of any skill she is verifying. More than one preceptor may sign in order to complete the form. All preceptors who sign should also be listed on the Preceptor Verification Form.

General Skills

Demonstrates use of universal health precautions relevant to midwifery care _____
Demonstrates appropriate application of aseptic and sterile technique _____
Demonstrates thorough and accurate documentation of care _____

Pharmacology

Demonstrates knowledge of the benefits and risks of the following and refers for prescription and administration when indicated:

Rh Immune Globulin (RhoGam) for an Rh negative mother _____
Vitamin K & erythromycin for the newborn _____
Pitocin _____
Safe use, care, and transport of oxygen _____
Prophylaxis for Group B Strep _____
Postpartum Rubella immunization when non-immune _____

Antepartum

Assessment Skills:

Basic health history/OB and gynecological history/family history _____
Obtains diet history and provides nutritional education _____
Obtains interval updates of medical history _____
Evaluates general appearance _____
Obtains weight and height _____
Assesses maternal weight gain _____
Vital signs: temp, pulse, respirations, blood pressure _____
Urine testing for glucose, protein and nitrites _____
Examination of the skin for color and appearance _____

Documentation of Acquisition of Clinical Knowledge and Skills

Examination of the pupils, whites and conjunctiva of the eyes _____
Examination of the thyroid gland for enlargement _____
Examination of lymph glands of the neck and underarm for enlargement _____
Auscultates heart for rate and rhythm _____
Auscultates lungs for abnormal breath sounds _____
Percusses the costovertebral angle for pain _____
Speculum examination of the vagina for color, discharge, leakage of fluid _____
Identifies position, presentation, lie of fetus (Leopold's maneuvers) _____
Assessment of Fetal Heart Rate auscultated by fetascope or doppler _____
Identifies pelvic landmarks, assesses pelvis _____
Measurement of fundal height _____
Estimates fetal size _____
Lower extremities for varicosities _____
Edema of face legs and hands _____
Determines estimated due date _____
Assesses well-being _____

Intervention Skills:

Evaluates knowledge of self- breast exam techniques _____
Instruction of clean catch urine specimen _____
Recognizes the indications for genetic counseling and refers as appropriate _____
Understands and applies knowledge of good eating practices _____
Evaluates and makes recommendations for discomforts of pregnancy _____
Demonstrates knowledge and application of ADA Clinical Practice Recommendations for gestational diabetic screening and diagnosis _____
Demonstrates knowledge of normal and abnormal of required prenatal screening tests _____
Completes pre-delivery home visit _____
Educates regarding home birth supplies _____

Identifies and takes appropriate action including consultation, referral, or immediate transport when indicated and according to LMW Protocols in the following Prenatal situations:

Suspected abnormality on physical examination _____
Size/Date discrepancy _____
Elevated Blood Pressure Readings _____
Abnormal Kick Count _____
Abnormal weight gain or loss _____
Abnormal Prenatal screening tests _____
Symptoms of urinary tract infections _____
Hyperemesis _____
Abnormal Fetal Heart Rate Patterns _____
Absence of Fetal Heart Rate _____
Position other than vertex presentation _____
Preterm labor _____
Symptoms of Ectopic (Tubal)pregnancy _____
Abnormal vaginal bleeding _____
Prolonged or Premature rupture of membranes _____

Documentation of Acquisition of Clinical Knowledge and Skills

Post term pregnancy _____

Labor and Birth

Assessment Skills:

Takes history relevant to labor _____
Assesses effacement and dilation of cervix _____
Assesses station of presenting part _____
Assesses fetal lie, position, and descent _____
Assesses uterine contractions for frequency, duration, and intensity _____
At required intervals, monitors and assesses fetal heart rate during and between contractions _____
Assesses food and fluid intake and output _____
Assesses maternal well-being and responds appropriately:
 Vital signs _____
 Emotional well being _____
Assesses labor progress _____

Intervention Skills:

Demonstrates basic labor support skills and comfort measures _____
Uses maternal position changes to facilitate labor _____
Demonstrates perineal support and hand techniques for delivery _____
Demonstrates proficiency in assisting normal, spontaneous vaginal birth _____
Supports father and other family members _____
Organizes birth equipment _____
Follows sterile technique _____

Identifies and takes appropriate action including consultation, referral or immediate transport when indicated and according to LMW Protocols in the following Intrapartum situations:

Abnormal fetal heart rates/patterns _____
Prolapsed cord _____
Breech presentation and birth _____
Face presentation and birth _____
Multiple birth _____
Shoulder dystocia _____
Abnormal bleeding _____
Nuchal hand, arm, or cord _____
Edematous cervical lip _____
Rupture of membranes _____
Meconium stained fluids _____
Abnormal changes in vital signs (maternal) _____
Maternal dehydration and/or exhaustion _____
Prolonged labor in:
 Primagravida _____
 Multigravida _____
Abnormal progress of labor _____
Symptoms of Pre-eclampsia _____
Suspected fetal death _____

Documentation of Acquisition of Clinical Knowledge and Skills

Postpartum Period

Assessment Skills

Determines signs of placental separation _____
Assesses placenta for size, structure, completeness, cord insertion, and number of vessels, and color _____
Assesses uterus from birth throughout the immediate postpartum period for height, size, consistency, and retained clots _____
Identifies bladder distention and consults or refers if indicated _____
Assesses and estimates blood loss _____
Assesses lochia: amount, odor, consistency, color _____
Recognizes postpartum hemorrhage _____
Recognizes symptoms of shock _____
Assesses perineum and cervix for lacerations _____
Identifies potential perineal infection or suture breakdown _____
Identifies abnormal uterine size after delivery of placenta _____
Identifies signs of uterine infection _____
Identifies need for Family Planning counseling and refers as indicated _____

Intervention Skills:

Appropriately assists with placental delivery _____
Demonstrates competency in repair of 1st and 2nd degree perineal lacerations _____
Demonstrates plan for referral for extensive lacerations _____
Takes appropriate action for postpartum hemorrhage (fundal massage, bimanual compression, expression of clots, activating emergency transport plan) _____
Demonstrates correct maternal positioning for treatment of shock and activates emergency transport plan _____
Instructs the mother on postpartum conditions requiring medical evaluation (i.e. excessive bleeding, increasing pain, severe headaches or dizziness or inability to void) _____
Develops guidelines for emergency transport of mother or baby _____
Performs maternal exam at 12-24 hours _____
Performs Postpartum evaluation at 2-6 weeks _____

Identifies and takes appropriate action including consultation, referral or immediate transport when indicated and according to LMW Protocols in the following Postpartum situations:

Abnormal uterine involution _____
Maternal fever _____
Signs of uterine infection _____
Signs of breast infection _____
Hemorrhage _____
Third and fourth degree lacerations _____
Signs and symptoms of shock _____
Activates emergency transport plan _____

Newborn Care

Assessment Skills:

Documentation of Acquisition of Clinical Knowledge and Skills

Recognizes signs and symptoms of respiratory distress, possible infection, seizures or jaundice in newborns _____

Determines APGAR scores at one and five minutes _____

Performs newborn assessment and evaluation to minimally include:

General appearance _____

Alertness _____

Flexion of extremities and muscle tone _____

Sucking _____

Palate: visualization and palpation _____

Skin color, lesions, birthmarks, vernix, lanugo, and peeling _____

Measurements of length, head and chest circumference _____

Weight _____

Head: molding, fontanelles, hematoma, caput, sutures _____

Eyes: jaundice of whites, pupils, tracking, spacing _____

Ears: positioning, responds to sound, appear patent _____

Observe chest for symmetry _____

Listen to and count heart rate and respirations _____

Fingers and toes, normal structure and appearance, creases, prints _____

Genitalia: normal appearance, testicle descent in males _____

Takes and records temperature _____

Takes and records femoral pulse _____

Assesses baby for jaundice _____

Gestational age assessment and refers for less than 36 weeks gestation _____

Performs newborn exam at 24-48 hours _____

Intervention Skills:

Assures that the baby's airway is clear, uses suction when indicated _____

Promotes temperature regulation of newborn _____

Supports the establishment of emotional bonds among the baby, mother, and family _____

Cuts, clamps, and cares for cord _____

Collects cord blood when indicated _____

Documents administration of eye prophylaxis _____

Performs or refers for the state required Newborn Screening test _____

Completes Infant Hearing Loss Screening Form _____

Educates mother/parents regarding cord care _____

Assists mother in establishing breastfeeding _____

Provides breastfeeding instruction information _____

Instructs mother in normal and abnormal feeding patterns _____

Assists with breastfeeding positioning and milk expression _____

Identifies and takes appropriate action including consultation ,referral or immediate transport when indicated and according to LMW Protocols in the following Newborn situations:

Apgar score of less than 5 at one minute or 7 at 5 minutes _____

Jaundice at 0-24 hours _____

Meconium staining on the skin _____

Abnormal heart rate _____

Documentation of Acquisition of Clinical Knowledge and Skills

Birth weight less than 5 lbs or greater than 10 lbs _____
Abnormal voiding or stool pattern _____
Temperature over 100 or less than 97.7 _____
Abnormal cry _____
Abnormal feeding patterns (vomiting, poor suck, lethargy) _____
Jaundice at 24-48 hours _____
Abnormal respiratory pattern (tachypnea or apnea) _____
Signs of bleeding (i.e. petechia, bruises) _____
Rupture of membranes more than 24 hours before birth _____

Education and Counseling Skills

Interaction, Support and Counseling Skills:

Understands and applies principles of informed choice _____
Exhibits communication skills with women, peers, other health care providers _____
Functions as women's advocate during pregnancy, birth, and postpartum period _____
Assesses maternal support system _____
Consults with other health care professionals regarding problems _____

Basic Prenatal Education

Understands and can demonstrate knowledge of:

Emotional and physical changes during pregnancy and postpartum _____
Signs of labor _____
Fetal development _____
Preparing home and family members for birth, as is culturally relevant _____
Preparation for breastfeeding _____
Effects of smoking, drugs, and alcohol consumption _____
Signs and symptoms that necessitate an immediate call to the midwife _____
Preparation for the postpartum period _____
Exploration of fears, concerns, and psycho-social status with family, as appropriate _____
Benefits of exercise _____
Sexuality education appropriate to pregnancy and postpartum _____
Information about required prenatal tests and lab work _____
Circumcision information, as culturally appropriate _____
Information regarding eye prophylaxis _____
Information regarding vitamin K _____
Information regarding the ~~LLM Lay Midwife~~ Newborn Care Kit provided by ~~ADH~~the Division _____
Information regarding the state required PKU for newborn screening _____
Information regarding the Newborn Screening test _____
Information regarding Screening for Infant Hearing Loss _____

Record Keeping and Forms

Documentation of Acquisition of Clinical Knowledge and Skills

Demonstrates knowledge on completion of the Birth Certificate _____
Demonstrate knowledge on completion of the Acknowledgement of Paternity
Affidavit _____
Demonstrate knowledge of ~~LLM~~~~Licensed Midwife~~ Caseload and Birth Log and ~~ADHD~~~~Division~~
submission requirements _____
Demonstrate knowledge of ~~Complication Incident~~ Report and ~~ADHD~~~~Division~~ submission
requirements _____
Understand components of Emergency Back-up Plans _____
Understand components of ~~LLM~~~~Lay Midwife~~ Disclosure Form _____
Understand the ~~LLM~~~~Lay Midwife~~ record keeping requirements _____
Understand the ~~ADHD~~~~Division~~ record audit requirements _____
Understand requirements for CLIA certification to perform laboratory tests _____

By signing this form for the Documentation of Acquisition of Clinical Knowledge and Skills, I recognize that I have completed the orientation process for each of the skills listed. I have demonstrated knowledge, understanding and competency in the skills and procedures as verified thru demonstration or discussion by my supervising preceptor(s). I have demonstrated knowledge of and adherence to the Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas.

Signature of Preceptor

date

Signature of Apprentice

date

***Notarize here if you are an Apprentice applying for the Lay Midwife License**

Notary seal for verification of preceptor's signatures:

Documentation of Acquisition of Clinical Knowledge and Skills

Signature of Notary

date signed

date of expiration

Documentation of Acquisition of Clinical Knowledge and Skills

Preceptor Verification Form for ~~L~~~~Licensed~~~~Midwife~~ Application

All apprentices must have a Preceptor-Apprentice agreement on file with the Department of Health for each preceptor under whom they train. ~~This p~~Preceptors~~s~~is are responsible for the training of the apprentice and for the majority of the required clinical experiences. Other midwives licensed in the state of Arkansas may sign for some of the clinical experiences and skills. If any preceptor not licensed in the state of Arkansas is also a signer of any clinical experiences or skills, that preceptor must have a Preceptor-Apprentice Agreement on file with ~~the ADH~~Department. The following information must be filled out for any preceptor who signs any portion of the Application as documentation of clinical experiences or skills. Preceptors must be licensed in a state as ~~a~~an LM-licensed midwife or CNM, or must have the credential Certified Professional Midwife (CPM). Number of births listed below means the number supervised for THIS APPRENTICE, not the total experience of the supervising midwife. Fill out all lines for documentation of clinical experiences, indicating zero if none supervised, before signing.

Primary Preceptor:

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM: ☐ Yes? _____ ☐ No CPM # _____ - date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

Additional Preceptors whose signatures are on any of the application forms:

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

Documentation of Acquisition of Clinical Knowledge and Skills

Additional Preceptors whose signatures are on any of the application forms:

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

APPENDIX C: CEU CALCULATIONS

3/27/17 DRAFT

CEU CALCULATIONS

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

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