



WHO: Health Licensing Office
Board of Direct Entry Midwifery

WHEN: April 14, 2016 at 9 a.m.

WHERE: Health Licensing Office
Rhoades Conference Room
700 Summer St. NE, Suite 320
Salem, Oregon

What is the purpose of the meeting?

The purpose of the meeting is to conduct board business. A working lunch may be served for board members and designated staff in attendance. A copy of the agenda is printed with this notice. Please visit <http://www.oregon.gov/oha/hlo/Pages/Board-Direct-Entry-Midwifery-Meetings.aspx> for current meeting information.

May the public attend the meeting?

Members of the public and interested parties are invited to attend all board/council meetings. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

May the public attend a teleconference meeting?

Members of the public and interested parties may attend a teleconference board meeting **in person** at the Health Licensing Office at 700 Summer St. NE, Suite 320, Salem, OR. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

What if the board/council enters into executive session?

Prior to entering into executive session the board/council chairperson will announce the nature of and the authority for holding executive session, at which time all audience members are asked to leave the room with the exception of news media and designated staff. Executive session would be held according to ORS 192.660.

No final actions or final decisions will be made in executive session. The board/council will return to open session before taking any final action or making any final decisions.

Who do I contact if I have questions or need special accommodations?

The meeting location is accessible to persons with disabilities. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting. For questions or requests contact a board specialist at (503) 373-2049.

Approval of Agenda



Health Licensing Office
Board of Direct Entry Midwifery



April 14, 2016 at 9 a.m.
700 Summer St. NE, Suite 320
Salem, Oregon

1. **Call to Order**
2. **Items for Board Action**
 - ◆ Approval of agenda
3. **Administrative Rule Review**
4. **Public/Interest Parties Feedback**

Working Lunch

5. **Executive Session** – Pursuant to ORS 192.660(2)(f) for the purpose of considering information or records exempt from public inspection including confidential information pursuant to ORS 687.490. Confidential information, investigative files/summaries and complaint file number 15-7977 and 14-7701.
6. **Items for Board Action - Investigative files/summaries and complaint file number 15-7977 and 14-7701.**
7. **Deliberate on Contested Case** - The Board will leave the public meeting under ORS 192.690(1) to deliberate on contested case. Contested case file numbers 10-5969 and 11-6546.
8. **Items for Board Action – Contested case file number 10-5969 and 11-6546.**
9. **Reports**
 - ◆ Policy Report
 - OHA Health Systems Division (DMAP/OHP) Collaborative Update
 - Complaint disciplinary action guidelines for consistency discussion
 - Monitrice services discussion
10. **Public/Interest Parties Feedback**
11. **Other Board Business**

Agenda is subject to change.
For the most up to date information visit www.oregon.gov/oha/hlo

Administrative Rule Review

OREGON HEALTH AUTHORITY
HEALTH LICENSING OFFICE, BOARD OF DIRECT ENTRY MIDWIFERY

DIVISION 15
GENERAL ADMINISTRATION

332-015-0000

Definitions

The following definitions apply as used in OAR 332-015-0000 through 332-030-0000.

(1) ~~"Agency" means the Oregon Health Licensing Agency. The agency is responsible for the budget, personnel, performance-based outcomes, consumer protection, fee collection, mediation, complaint resolution, discipline, rulemaking and record keeping.~~

(2) "Antepartum" means the period of time before the onset of labor.

(3) "Board" means, pursuant to ORS 687.470, the entity that advises the agency on matters relating to the practice of direct entry midwifery, and determines practice standards, education and training, and **determines** ~~provides consultation to the agency on~~ all disciplinary issues **and actions** in accordance with ORS 687.405 to 687.495.

(4) "Baby" means the fetus and the newborn.

(5) "Consultation" means a dialogue for the purpose of obtaining information or advice from a health care provider by phone, written notes, or in person, which may include, but is not limited to identification of and recommendation regarding management of maternal or fetal conditions.

(6) "Fetal distress" is a condition in which the fetus demonstrates progressive and irresolvable clinical signs of compromise, which may include, but are not limited to, abnormal fetal movement; loss of heart tone variability; non-reassuring fetal heart rate deceleration patterns such as late decelerations; and non-reassuring changes in fetal heart baseline rate.

(7) "Informed Consent" means the consent obtained following a thorough and easily understood explanation of the information to the mother or the mother's guardian. Refer to OAR 332-025-0120. Informed consent used in OAR 332-025-0125 does not apply to this definition.

Commented [PS1]: OAR 332-025-0021 defines consultation as (7) For the purpose of this rule "consultation" means a dialogue for the purpose of obtaining information or advice from an Oregon licensed health care provider who has direct experience handling complications of the risk(s) present, as well as the ability to confirm the non-absolute risk, which may include, but is not limited to confirmation of a diagnosis and recommendation regarding management of medical, obstetric, or fetal problems or conditions. Consultation may be by phone, in person or in writing.

(8) "Intrapartum" means the period of time from the onset of labor through the birth of the placenta.

(9) "LDM" means licensed direct entry midwife.

(10) "MANA" means the Midwives Alliance of North America.

(11) "MEAC" means the Midwifery Education and Accreditation Council.

(12) "NARM" means the North American Registry of Midwives.

(13) "Peer review" means the discussion of cases with other health care providers and students for the purpose of obtaining and providing suggestions regarding care.

(14) "Postpartum" means the period of time immediately after and up to eight weeks following the birth of the baby.

(15) "Prenatal" means the period of time from conception to the onset of labor.

(16) "Primary birth attendant" means the midwife who assumes direct responsibility for mother and baby care.

(17) "Sharps" means items that includes needles, intravenous tubing with needles attached, scalpel blades, lancets, glass tubes that could be broken during handling and syringes that have been removed from their original sterile containers.

(18) "Supervision" means

~~(18)~~ **(19)** "Traditional Midwife" Pursuant to ORS 687.415 an individual who is acting as a traditional midwife, does not use legend drugs and devices, does not advertise as a midwife, and provides the required disclosures to clients may practice direct entry midwifery in this state without a license to practice direct entry midwifery.

Stat. Auth.: ORS 687.485

Stats. Implemented: ORS 183.450(7) & 687.485

Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98; DEM 1-1999(Temp), f. 9-1-99, cert. ef. 9-9-99 thru 2-29-00; DEM 2-1999, f. 12-17-99, cert. ef. 12-20-99; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04; DEM 4-2010, f. 12-30-10, cert. ef. 1-1-11; DEM 5-2011, f. & cert. ef. 9-26-11; DEM 2-2014, f. 12-31-14, cert. ef. 1-1-15

Commented [PS2]: Does prenatal and antepartum have the same meaning? Are both needed. Prenatal used in OAR 332-015-0030, 332-025-0021(5)(b)(A) and 332-025-0021(6)(a).

332-015-0025

Direct Entry Midwifery License

(1) A direct entry midwife, licensed under ORS 687.420, may perform direct entry midwifery services defined under 687.405.

(2) A direct entry midwife license is good for one year and becomes inactive on the last day of the month one year from the date of issuance.

Stat. Auth.: ORS 676.615, 676.616, 687.410, 687.415, 687.420, 687.425, 687.445, 687.480 & 687.493

Stats. Implemented: ORS 676.615, 676.616, 687.410, 687.145, 687.420, 687.425, 687.445, 687.480 & 687.493

Hist.: DEM 2-2014, f. 12-31-14, cert. ef. 1-1-15

332-015-0030

Application Requirements Direct Entry Midwifery License

An individual applying for licensure to practice direct entry midwifery must:

- (1) Meet the requirements of OAR 331 division 30.
- (2) Submit a completed application form prescribed by the ~~agency~~ **office**, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application and license fees.
- (3) Submit current certification in cardiopulmonary resuscitation for adults, neonates and infants.
- (4) Submit a written plan for emergency transport for mother or newborn pursuant to OAR 332-025-0020.
- (5) Submit satisfactory evidence of having current CPM credential from NARM; and
- (6) Pursuant to ORS 687.420, participation as an assistant at 25 deliveries, 25 deliveries for which the applicant was the primary birth attendant, participation in 100 prenatal care visits, 25 newborn examinations, and 40 postnatal examinations. The applicant must have provided continuity care for at least 10 of the primary birth attendant deliveries, including four prenatal visits, one newborn examination and one postpartum exam. Of these 50 births, at least 25 deliveries must have taken place in an out-of-hospital setting and 10 births must have occurred within the two years or 24 months preceding the date of application.

(7) If there is more than one birth attendant present at the same birth, the birth attendants must designate which birth attendant is primary.

(8) If the applicant received the Initial Renewal Legend Drugs and Devices continuing education prior to applying for licensure the applicant ~~may~~ **may** provide the documentation of successful completion during the time of application. If applicant receives the continuing education within 12 months of applying for licensure the applicant must attest to having received the continuing education at the time of next renewal on a form prescribed by the ~~agency~~ **office**.

(9) If the applicant has not received the Initial Renewal Legend Drugs and Devices continuing education listed under OAR 332-020-0010(2) or (3) at the time of application this information must be disclosed to each patient on the patient disclosure form required under OAR 332-025-0020.

Stat. Auth.: ORS 687.420 & 687.485

Stats. Implemented: ORS 687.420 & 687.485

Hist.: DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04; DEM 4-2010, f. 12-30-10, cert. ef. 1-1-11; DEM 1-2014(Temp), f. 12-31-14, cert. ef. 1-2-15 thru 6-27-15; DEM 2-2014, f. 12-31-14, cert. ef. 1-1-15; DEM 2-2015, f. & cert. ef. 7-1-15

332-015-0040

Education

Applicant's education must incorporate the general educational requirements listed in the NARM CPM candidate information bulletin, including:

- (1) Core competencies developed by MANA;
- (2) NARM written test specifications;
- (3) NARM skills assessment test specifications;
- (4) NARM written examination primary reference list; and
- (5) NARM skills assessment reference list.

Stat. Auth.: ORS 183, 687.420, 687.480 & 687.485

Stats. Implemented: ORS 183, 687.420, 687.480 & 687.485

Hist.: DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98; DEM 2-1998, f. 4-14-98, cert. ef. 4-15-98; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04; DEM 4-2010, f. 12-30-10, cert. ef. 1-1-11

332-015-0050

NARM Midwifery Examination

The qualifying examination is the NARM examination. An applicant is responsible for payment of all fees for NARM applications, examinations, and any other fees paid directly to NARM.

Stat. Auth.: ORS 676.615, 687.480 & 687.485

Stats. Implemented: ORS 676.615, 687.480 & 687.485

Hist.: DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04; DEM 4-2010, f. 12-30-10, cert. ef. 1-1-11

332-015-0080

License Display and Posting Requirements

(1) A licensee must show proof of valid license with the **agency office** upon request or post the license document in public view at the licensee's primary workplace.

(2) A licensee may temporarily conceal the address printed on the license document with a covering that is removable.

(3) A licensee must carry the license identification card (pocket card), or post in plain view, the official license anytime services are being provided.

Stat. Auth.: ORS 687.485 & 687.615

Stats. Implemented: ORS 687.425, 687.485, 676.606 & 676.607

Hist.: DEM 4-2010, f. 12-30-10, cert. ef. 1-1-11



ADMINISTRATIVE RULE SCHEDULE

HEALTH LICENSING OFFICE BOARD OF DIRECT ENTRY MIDWIFERY

Date	Action	Time
March 31, 2016	Approve rulemaking schedule	9 am
April 14, 2016	Board meeting – 2 hour review application requirements including education & examination	9 am
May 12, 2016	Board meeting – 2 hours review renewal and reporting requirements	9 am
June 9, 2016	Board meeting – 2 hours review continuing education	9 am
July 14, 2016	Board meeting – 2 hours general practice standards	9 am
August 11, 2016	Board meeting – 2 hours absolute risk assessment & transfer care	9 am
September 8, 2016	Board meeting – 2 hours absolute risk antepartum	9 am
October 6, 2016	Board meeting – 2 hours absolute risk intrapartum	9 am
November 10, 2016	Board meeting – 2 hours absolute risk postpartum	9 am
December 8, 2016	Board meeting – 2 hours absolute risk infant	9 am
January 12, 2017	Board meeting – 2 hours non-absolute risk assessment & consultation	9 am
February 16, 2017	Board meeting – 2 hours non-absolute risk antepartum	9 am
March 23, 2017	Board meeting – 2 hours non-absolute risk intrapartum	9 am
April 20, 2017	Board meeting – 2 hours non-absolute risk postpartum	9 am
May 18, 2017	Board meeting – 2 hours non-absolute risk infant	9 am
June 22, 2017	Board meeting – 2 hours mother care during pregnancy	9 am
July 20, 2017	Board meeting – 2 hours mother care during labor including auscultated acceleration testing	9 am
August 24, 2017	Board meeting – 2 hours mother care after delivery	9 am
September 21, 2017	Board meeting – 2 hours newborn care	9 am
October 19, 2017	Board meeting – 2 hours decline procedure & fetal surveillance testing	9 am
November 30, 2017	Board meeting – 2 hours records of care including charting & required written documentation	9 am
December 21, 2017	Board meeting – 2 hours informed consent	9 am
January 11, 2018	Board meeting – 2 hours traditional midwife patient disclosure	9 am
February 15, 2018	Board meeting – 2 hours terminating midwifery care	9 am

March 29, 2018	Board meeting – 2 hours access & administration of legend drugs & devices	9 am
April 26, 2018	Board meeting – 2 hours approved legend drugs & devices – Determine membership of Rules Advisory Committee	9 am
May 30, 2018	Rules Advisory Committee	9 am
June 21, 2018	Board meeting	9 am
July 12, 2018	Rules Advisory Committee	9 am
August 30, 2018	Board meeting approve proposed rules	9 am
October 1, 2018	Notice of proposed rules in Oregon Bulletin	
October 22, 2018	Public rule hearing	9 am
October 31, 2018	Last day for public comment	5 pm
November 29, 2018	Board meeting review public comment, hearing officer report and adopt permanent rules	9 am
January 1, 2019	Effective date of permanent rule	

Comments received prior to October 1, 2018 will not be considered by the Health Licensing Office or the Board of Direct Entry Midwifery.

Please send all public comment or questions to:

Samie Patnode, Policy Analyst

700 Summer St NE, Suite 320, Salem, OR 97301-1287

samie.patnode@state.or.us . Work: (503) 373-1917

All meetings are held at the Health Licensing Office, Rhoades Conference Room, 700 Summer St, Suite 320, Salem, OR 97301, unless otherwise specified. Members of the public are invited and encouraged to attend all board and committee meetings. However, audience members will not be allowed to participate.

Invited technical experts may be invited to participate in meetings regarding their knowledge and expertise in specific areas. For current information regarding administrative rules or the rulemaking process visit the Web at

<http://www.oregon.gov/oha/hlo/Pages/Board-Direct-Entry-Midwifery.aspx>

Public/Interest Parties Feedback

Executive Session

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Pursuant to ORS 192.660(2)(f) for the purpose of considering information or records exempt from public inspection and confidential information pursuant to ORS 687.490

Items for Board Action

Deliberate on Contested Case

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**The Board will leave the
public meeting under ORS
192.690(1) to deliberate on
contested case.**

Items for Board Action

Policy Report

**OHA Health System
Division (DMAP/OHP)**

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Collaborative Update

Complaint Disciplinary Action Guidelines

Direct Entry Board Rubric

Proposed format

Level I

First complaint

No evidence That OAR's were not understood or were disregarded.

Some concerns regarding charting

Concern that the midwife does not have adequate consultation support

Possible actions:

None

Education

Level II

First or second complaint

Concerns regarding charting and understanding OAR's

No maternal or infant problems related to this issue

Possible actions:

Education

Chart review

Level III

First or second complaint

Failure to transfer or consult as needed and required by OAR's

Consequent medical care may be a result of neglect by midwife

Disregard for OAR's

Possible action:

Supervision

Education

Chart review

Level IV

Multiple complaints

Disregard for OAR's

Inadequate or false charting

Failure to transport leading to death and or disability of mother or baby

Suspension
Supervision after suspension
Education
Chart review

Level VI

Disregard for OAR's
Failure to consult
Failure to transport when risk was identified
Use of pharmaceuticals, procedures or tools beyond scope of practice in an out of hospital setting
Preventable death of mother and baby

Possible actions:

Loss of license
Suspension with supervision and education

Discussion on Monitrice Services

What is a monitrice?

The word "monitrice" is French for one who monitors coaches and instructs. A monitrice provides physical, emotional and informational support to the expectant family during labor, delivery and postpartum. A monitrice differs from a doula in that she also provides limited clinical expertise. 1.

A monitrice helps monitor progress during labor and share information so that *client* can make the best decisions during labor and birth. A monitrice is not a medical care providers and generally assume no responsibility for personal choices in labor and birth.

Monitrice services include but are not limited to the following:

- Provides emotional support, physical comfort measures and an objective viewpoint, as well as helping the woman get the information she needs to make informed decisions;
- Stays with the woman throughout the labor;
- Facilitates communication between the laboring woman, her partner and her clinical care providers;
- Assists the woman in preparing for and carrying out her plans for birth;
- Care at your home prior to leaving for the place of birth;
- Monitoring fetal heart tones;
- Blood pressure checks; and
- Cervical exams.

Monitrice services do not include:

- Services performed at a hospital or birthing center.
- Delivering babies;
- Decision making for the client;
- Guarantee the outcome of the birth or variations in birth that may occur.

References:

With Women <http://www.with-women.com/monitrice.html>
DONA International <http://www.dona.org/mothers/>

Public/Interest Parties Feedback

Other Board Business

