



WHO: Health Licensing Office
Board of Direct Entry Midwifery

WHEN: June 11, 2015 at 9:00 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/OHLA/DEM/Pages/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.

Items for Board Action

Approval of Agenda

REVISED

8:44 am, Jun 10, 2015



Health Licensing Office
Board of Direct Entry Midwifery



June 11, 2015 at 9 a.m.
700 Summer St. NE, Suite 320
Salem, Oregon

1. **Call to Order**
2. **Items for Board Action**
 - ◆ Approval of agenda
 - ◆ Approval of minutes
 - February 12, 2015
 - March 18, 2015
 - ◆ Deliberation and action regarding Group B Streptococcal administrative rules
 - ◆ Approve legend drug and devices curriculum

Working Lunch

3. **Reports**
 - ◆ Director Report
 - ◆ Licensing and Fiscal Statistical Reports
 - Update on fees
 - ◆ Policy Report
 - Oregon Health Authority update
 - Continuing education credit for volunteer work
 - ◆ Regulatory Report
 - Review of prior final order
 - Contested cases flow chart
4. **Public/Interest Parties Feedback**
5. **Executive Session** - Pursuant to ORS 192-660(2) (f) the Board will consider information and documents exempt from public inspection (legal advice.)
6. The Board will leave the public meeting under ORS 192.690(1) to deliberate on contested cases.
7. **Executive Session** - Pursuant to ORS 192-660(2) (f) for the purpose of considering information or records exempt from public inspection. (investigation files)
8. **Board Action on Contested Cases**
9. **Other Board Business**

Agenda is subject to change.

For the most up to date information visit www.oregon.gov/OHLA

Approval of Minutes

February 12, 2015

March 18, 2015



Health Licensing Office
Board of Direct Entry Midwifery



February 12, 2015
700 Summer Street NE, Suite 320
Salem, Oregon

MINUTES

MEMBERS PRESENT

Colleen Forbes, chair
James di Properzio, vice-chair
Sara Taylor
Wendy Smith
Kelli McIntosh
Stephanie Elliott

MEMBERS ABSENT

Lenore Charles

GUESTS PRESENT

Danielle Sobel
Sharron Spelly
Kimberly Kincade
Carol Levarrd
Sharron Fuchs

STAFF PRESENT

Holly Mercer, Director
Sylvie Donaldson, fiscal services and licensing manager
Bob Bothwell, regulatory operations manager
Samie Patnode, policy analyst
Maria Gutierrez, board specialist
Debbie Daniels, board specialist
Anne Thompson, policy analyst
Nathan Goldberg, investigator/inspector

Call to Order

Colleen Forbes called the meeting of the Board of Direct Entry Midwifery to order at approximately 9:18 a.m. Roll was called.

Holly Mercer, Director, made the following revisions to the agenda:

- Move executive session later on the agenda to allow time for Joanna Tucker Davis, assistant attorney general to provide legal advice.
- Begin addressing items for board action first on the agenda.

MOTION:

James di Properzio made a motion with a second by Wendy Smith to approve the agenda as amended. Motion passed unanimously.

Approval of Minutes:

MOTION:

Stephanie Elliott made a motion with a second by James di Properzio to approve the minutes for December 11, 2014. Motion passed unanimously

Administrative Rule:

Samie Patnode, policy analyst reported that during the December 2014 the board discussed adding Group B Streptococcal (GBS) prophylaxis to the initial and renewal Legend Drugs and Devices curriculum including increasing hours from 40 to 50 by adding two hours to Pharmacology and eight hours to IV Therapy. The board also adopted a temporary rule which would require each licensed direct entry midwife to disclose to each patient whether they have received the initial legend drugs and devices training. The temporary rule was filed and effective on January 2, 2015 and expires on June 27, 2015.

Patnode provided an overview of the proposed rule and explained if approved the proposed rules would be published in the Secretary of State (SOS) Oregon Bulletin, in April 2015 edition. Public comment will be heard from April 1 to April 28. A public rule hearing will be held on April 28 at 9 am at the Health Licensing Office. The board will review and consider all public comments received and the hearing officer report at the June 11, 2015 board meeting.

Patnode explained that HLO would be working with the Oregon Midwifery Council and Birthingway to develop a toolkit related to Legend Drugs and Devices curriculum with specific focus around GBS.

MOTION:

James di Properzio made a motion with Kelli McIntosh to approve proposed administrative rules for filing in the April 2015 Oregon Bulletin. . Motion passed unanimously.

Review and Approve Continuing Education Course Provided by the Matrona

Larry Peck, continuing education (CE) credit qualification specialist, provided the Matrona the application criteria for pre-approval of a CE course which outlined that the provider must:

- Be accredited by federally recognized agency;
- Be approved by an agency within the Oregon Higher Education Coordination Commission;
- Be an organization offering continuing medical education, including Accreditation council for Continuing Medical Education; or
- Must submit justification and approved by the Board to offer CE's as a professional organization, association, hospital, or health care clinic.

MOTION:

James di Properzio mad a motion with a second by Stephanie Elliott to deny continuing education course provided by the Matrona. Motion passed unanimously.

Board members considered allowing licensed direct entry midwives to obtain CE credit when providing volunteer services including work in the United States and in other countries. The board deferred further discussion until the next board meeting scheduled for June 11, 2015.

Executive Session

- The Board of Direct Entry Midwifery entered executive session pursuant to ORS 192-660(2)(f) at 9:40 a.m. on December 12, 2015, for the purpose of considering information or records exempt from public inspection. Records to be considered related to legal advice.
- Executive session concluded and the board reconvened regular session at 10:31 a.m. It was noted

that no decisions were made and no votes were made in executive session.

Director Report

Mercer reported on the following:

- Update on transition to Oregon Health Authority (OHA) and introduction of new staff.
- Provided board members with an information piece showcasing the amount of authorizations renewed and issued, and fees, as well as number of cases investigated annually
- A synopsis of the investigative protocol was provided which explained the complaint process, As of January 1, 2014 the board has the authority to investigate cases and issue Final Orders.
- A recently added feature to the *license look-up* on the HLO web site was reviewed showing the current status of an authorization including revoked, suspended and probation.

Licensing and Fiscal Statistical Reports

Sylvie Donaldson, fiscal services and licensing manager, presented an overview of statistics related to the board. Statistics include licensing statistics, license volumes and active license trends.

The statement of cash flow for the period 7/1/2013 – 1/28/2015 was reviewed and the statement of cash flow for the period 7/1/2013 - 6/30/2015 was also reviewed.

Mercer, explained that the Department of Administrative Services is currently reviewing the proposed fee reduction for initial and renewal fees. The reduction would include the following:

- Renewal \$600. Current renewal fee is \$1,200. If approved the fee reduction would be retroactive to January 1, 2015 and refunds would be issued.
- Initial licensure \$450. Current initial licensure fee is \$-1,200 annually but is currently discounted to \$0. If approved the fee change would be effective on July 1, 2015.

Policy Report

Patnode reported on the following:

- 2015 Legislation. There are currently no bills that would significantly impact licensed direct entry midwives.
- Oregon Patient Safety Commission – Early Discussion Resolution
- HERC, Evidence-based Guidelines Subcommittee - Home Birth
- Division of Medical Assistance Program – Enrollment CCO\MCO
- Public Health Division - Patient Choice & Notification
- Public Health Division – Center for Health Statistic, Vital Records
- Office of Equity & Inclusion – Cultural Competency Curriculum Approval Committee

This information was reviewed and discussed.

Regulatory Report

Bob Bothwell, regulatory operations manager, reported on enforcement activity including:

2009-2011 Biennium Follow Up

Between July 1, 2009 and June 30, 2011, 41 complaints were received. Of the 41 Complaints 7 remain open. A summary of allegations received by type of complaints was provided as stated below.

Mandatory Reporter	Client	Other
22	16	3

2011-2013 Biennium

Between July 1, 2011 and June 30, 2013, 28 complaints were received. Of the 28 complaints 12 remain open. A summary of allegations received by type of complainant was provided as stated below.

Mandatory Reporter	Client	Other
14	9	5

2013-2015 Biennium

Between July 1, 2013 and October 31, 2014, 13 complaints were received. Of the 13 complaints 10 remain open. A summary of allegations received by type of complainant was provided as stated below.

Mandatory Reporter	Client	Other
10	0	3

Members asked for clarification regarding unprofessional conduct between cross professions, and mandatory reporting.

Public Comment

Sharron Fuchs, had questions pertaining to notice of intent which was address under directors report.

- Wendy Smith exited the meeting at approximately 12:02 p.m.

Executive Session

- The Board of Direct Entry Midwifery entered executive session pursuant to ORS 192-660(2)(f) at 12:02 p.m. on December 12, 2015, for the purpose of considering information or records exempt from public inspection. Records to be considered related to legal advice.
- Executive session concluded and the board reconvened regular session at 2:19 p.m. It was noted that no decisions were made and no votes were made in executive session.

Mercer and Members of the board outlined the following recommendations:

In regards to investigation file 11-6610

- To closed without action.

In regards to investigation file 11-6467

- To closed without action

In regards to investigation file 14-7613

- To closed without action

MOTION:

James di Properzio made a motion, with a second by Stephanie Elliott. Motion passed unanimously.

In regards to investigation file 10-6219

- A notice of \$1, 500 civil penalty to be issued

MOTION:

Kelly McIntosh made a motion, with a second by James di Properzio. Motion passed unanimously.

Other Board Business

Members requested that a representative from Oregon Midwifery Council attend the next board meeting, and provide information on community standards.

The meeting adjourned at approximately 2:32 p.m.

Minutes prepared by: Maria Gutierrez, Board Specialist



Health Licensing Office
Board of Direct Entry Midwifery



March 18, 2015
700 Summer Street NE, Suite 320
Salem, Oregon

MINUTES

MEMBERS PRESENT

Colleen Forbes, chair
James di Properzio, vice-chair
Kelli McIntosh
Wendy Smith
Lenore Charles
Stephanie Elliott
Sarah Taylor

STAFF PRESENT

Holly Mercer, Director
Sylvie Donaldson, fiscal services and licensing manager
Bob Bothwell, regulatory operations manager
Maria Gutierrez, board specialist
Joanna Tucker Davis; assistant attorney general
Kate Lozano; assistant attorney general

MEMBERS ABSENT

None

GUESTS PRESENT

None

Call to Order

Colleen Forbes called the meeting of the Board of Direct Entry Midwifery to order at 10:32 a.m. Roll was called.

Holly Mercer, Director made the following revision to the agenda:

- Revised to move leaving public meeting under ORS 192.660(2) (f) to the top of the agenda.

Approval of Agenda

MOTION:

Stephanie Elliott made a motion with a second by James di Properzio to approve the agenda. Motion passed unanimously.

Leaving Public Meeting:

- The Board of Direct Entry Midwifery left the public meeting to deliberate on a contested case under ORS 192.690(1) at 10:38 a.m. on March 18, 2015
- The public meeting reconvened at 11:15 a.m. It was noted that no decision were made and no votes were made.

Mercer and members of the board outlined the following recommendations:

It was purposed that the board accept the terms of the purposed settlement agreement from Joanna Jack contingent on the board president approving the final terms and language of the written agreement and final order.

MOTION:

James di Properzio made a motion, with a second by Stephanie Elliott. Motion passed unanimously.

It was purposed that the board move to reject the settlement proposal from Ms. King and offer her a settlement of voluntary surrender of her license with an agreement to never reapply in Oregon. No cost or civil penalty contingent on the board president's approval of the final terms of written agreement and final order.

MOTION:

Wendy Smith made a motion, with a second by James di Properzio. Motion passed unanimously.

Public Comment

No public comment was received.

Other Board Business

There was no "Other Board Business."

The meeting adjourned at approximately 11:30 a.m.

Minutes prepared by: Maria Gutierrez, board specialist

**Deliberation and action
regarding Group B
Streptococcal
Administrative Rules**

BACKGROUND AND DISCUSSION:

During the 2013 Legislative Session House Bill 2997 added antibiotics for Group B Streptococcal (GBS) prophylaxis to the legend drugs for licensed direct entry midwives to purchase and administer prophylaxis. Create administrative rules regarding the purchase and administration of antibiotics for GBS use.

During the December 2014 board meeting Nicole Reding, Academic Coordinator for Birthingway College of Midwifery, provided suggestions and explanation regarding the number of hours for adding antibiotic GBS prophylaxis to the initial legend drugs and devices program as follows:

- Increase hours from 40 to 50
- Add two hours to Pharmacology
- Add eight hours to IV Therapy

Notice of Proposed Rulemaking Hearing and Statement of Need and Fiscal Impact was filed with the Secretary of State (SOS) and published in the April 2015 Oregon Bulletin, A public rule hearing was held on April 28 at 9 am at the Health Licensing Office, no verbal comments were received. Three written comments were received during the public comment period. A summary for the comments are as follows:

- The 10 hours of additional education and training for administration of antibiotics should be optional;
- Describe the purpose for using antibiotics for GBS prophylaxis and for reasons such as high temperature or urinary tract infections; and
- Administering emergency measures for the purpose of anaphylactic reaction.

ISSUE:

Review and consider the public comment received during the comment period. Based on comments received and further analysis of the proposed administrative rules the Health Licensing Office recommends a temporary rule be adopted which would:

- Require all licensed direct entry midwives (LDM) obtain the 10 hours of GBS prophylaxis by July 1, 2016;
- Specify that an LDM is required to obtain the 10 hours of GBS prophylaxis by July 1, 2016, but they do not have to administer the antibiotic within their practice;
- Designate which antibiotics used for GBS prophylaxis;
- Consider lowering the Initial Renewal Legend Drugs and Devices from 40 hours to 20 hours;
- Decrease the number of hours for GBS prophylaxis;

BOARD ACTION:

Adopt temporary rule with effective date of July 1, 2015 and expiring on December 27, 2015 and begin permanent rulemaking process. See schedule below:

Date	Action	Time
December 11, 2014	Approve rulemaking schedule	9 a.m.
February 12, 2015	Approve proposed rules	9 a.m.
April 1, 2015	Notice of proposed rules in Oregon Bulletin	
April 28, 2015	Public rule hearing	
April 28, 2015	Last day for public comment	9 a.m.
June 11, 2015	Board meeting review public comment, hearing officer report and consider new rulemaking strategy including continued rulemaking schedule and approve proposed and temporary rules.	9 a.m.
July 1, 2015	Effective date of temporary rule	
July 2, 2015	Board meeting conference call to approve Rules Advisory Committee membership.	9 a.m.
July 15, 17, 21, 23, 24, 28, 30, 2015	Rules Advisory Committee meeting	9 a.m.
August 1, 2015	Notice of proposed rules in Oregon Bulletin	
August 27, 2015	Public rule hearing	9 a.m.
August 28, 2015	Last day for public comment	5 p.m.
October 1, 2015	Board meeting review public comment, hearing officer report and adopt permanent rules.	
December 27, 2015	Temporary rule expires	
December 1, 2015	Permanent rules effective	

Proposed Rule with Public Comment

HEALTH LICENSING OFFICE
BOARD OF DIRECT ENTRY MIDWIFERY
DIVISION 15
GENERAL ADMINISTRATION

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, 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~~ **Initial Renewal** Legend Drugs and Devices ~~Training~~ **continuing education** within 12 months of applying for licensure the applicant must submit proof of receiving the training on a form prescribed by the agency.
- (9) If the applicant has not received the Initial Renewal Legend Drugs and Devices continuing education 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

**HEALTH LICENSING OFFICE,
BOARD OF DIRECT ENTRY MIDWIFERY
DIVISION 20
LICENSURE**

332-020-0010

Continuing Education

(1) Standard Continuing Education Renewal Requirements: To maintain licensure an LDM must complete 35 ~~clock~~ hours of continuing education related to services listed in ORS 687.405, cultural competency, patient charting, ethics, communication, or professional development every two years from the date of initial licensure and every two years thereafter.

(2) **Initial Renewal Legend Drugs and Devices Initial Continuing Education Requirements:** Upon first renewal or to purchase and administer legend drugs and devices an LDM must successfully complete the 40 ~~clock~~ hours of instruction in an approved legend drugs and devices program approved by the Board. The program is composed of theory, hands-on practice, and skills testing for competency which must include the following:

- (a) Eight clock hours in Pharmacology covering drugs listed in ORS 687.493, OAR 332-026-0010 and 332-026-0020;
- (b) Four clock hours of administration of medications through injection;
- (c) Four clock hours in advanced treatment of shock;
- (d) 10 clock hours in intravenous therapy;
- (e) Four clock hours in neonatal resuscitation; and
- (f) 10 clock hours in suturing.

(4) Initial Renewal LDD with GBS Antibiotics Continuing Education Requirements: Individuals licensed after January 1, 2016 must successfully complete the Initial Renewal LDD Program consisting of 50 hours of instruction in the approved curriculum prior to purchasing or administering LDD listed in division 26 of these rules or by the date of first renewal following initial licensing as an LDM. The

Initial Renewal LDD program is composed of theory, hands-on practice, and skills testing for competency which must include the following:

- (a) 10 clock hours in Pharmacology covering drugs listed in ORS 687.493, OAR 332-026-0010 and 332-026-0020 including GBS antibiotics prophylaxis;**
- (b) Four clock hours of administration of medications through injection;**
- (c) Four clock hours in advanced treatment of shock;**
- (d) 18 clock hours in intravenous therapy;**
- (e) Four clock hours in neonatal resuscitation; and**
- (f) 10 clock hours in suturing.**

(3) Subsequent Renewal Legend Drugs and Devices Continuing Education Renewal Requirements: To maintain licensure an LDM must complete eight and a half ~~clock~~ hours of legend drugs and devices (LDD) continuing education, every two-years and attest **to this** on **the** renewal application. The LDD continuing education must include components listed under subsection ~~(4)~~ **(2)** of this rule with the exception of **neonatal resuscitation** which is required for annual renewal. **The 8.5 LDD continuing education hours cannot be counted towards the continuing education listed in subsection (1) of this rule.** Components must include the following:

- (a) Two hours in pharmacology as of January 1, 2016 all subsequent renewal programs must include pharmacology regarding GBS antibiotics;**
- (b) One half hour in administration of medications through injection;**
- (c) One hour in advanced treatment of shock;**
- (d) Three hours in intravenous therapy as of January 1, 2016 all subsequent renewal programs must include intravenous therapy regarding GBS antibiotics; and**
- (e) Three hours in suturing.**

(5) An individual licensed before January 1, 2016, and who has already completed the requirements listed in subsection 2 of this rule, must successfully complete approved training in GBS antibiotic prophylaxis consisting of 10 hours of instruction including pharmacology and intravenous administration of antibiotics prior to purchasing or administering antibiotic or by the date of first renewal in 2016. Individuals licensed before January 1, 2016 must still complete the requirements in subsection (1), (2) and (3) of this rule, if applicable.

Commented [PS1]: Frye: An LDM is required to show evidence of current certification in neonatal resuscitation at the time of annual renewal see OAR 332-020-0000(2)(

~~(4)~~**(6)** In accordance with ORS 687.425 a licensee who has attended **fewer less** than five births in the previous **renewal** year ~~is the licensee is~~ required to take an additional ~~ten~~ **10** hours of continuing education **separate from the hour requirements listed in subsection (1), (2) or (3) of this rule. The additional 10 hours of continuing education must be obtained in during the next annual renewal cycle. Subject matter for the additional 10 hours of continuing education must be related to subjects listed in** ~~in subjects listed in subsection (1)(a)(A) of this rule during the next annual renewal cycle.~~

Commented [PS2]: This is a requirement of law.

~~(5)~~**(7)** Continuing Education ~~listed in subsection (1) or (3)~~ may be obtained through online courses, attendance at lectures, sessions, courses, workshops, symposiums seminars or other presentations offered by:

(a) Institutions or programs accredited by a federally recognized accrediting agency;

(b) Institutions or programs approved by an agency within the Oregon Higher Education Coordinating Commission;

(c) An organization offering continuing medical education opportunities, including but not limited to, Accreditation Council for Continuing Medical Education, MEAC accredited or pre-accredited schools and the Oregon Midwifery Council.

(d) Any additional board approved professional organization, or association, hospital, or health care clinic offering continuing education related to subject matter listed **above** ~~in (1) or (2) of this rule.~~

~~(6)~~**(8)** Continuing education relating to subject matter listed in subsection (1) of this rule may also be obtained through research, authorship or teaching, provided that no more than half the required hours be in research, authorship or teaching.

~~(7)~~**(9)** Up to nine clock hours of continuing education relating to subject matter listed in subsection (1) of this rule may be completed through self-study. Documentation substantiating the completion of continuing education through self-study must be submitted on forms provided by the agency and must include the following:

(a) Name of sponsor or source, type of study, description of content, date of completion, and duration in hours in accordance with subsection (8) of this rule;

(b) Name of approved correspondence courses or national home study issues;

(c) Name of publications, textbooks, printed material or audiocassette's, including date of publication, publisher, and ISBN identifier; and

(d) Name of films, videos, or slides, including date of production, name of sponsor or producer and catalog number.

~~(8)~~ **(10)** Obtaining and maintaining proof of participation in continuing education is the responsibility of the licensee. The licensee must ensure that adequate proof of attainment of required continuing education is available for audit or investigation or when otherwise requested by the agency. Adequate proof of participation is listed under OAR 332-020-0015(3).

~~(9)~~ **(11)** Documentation of participation in continuing education requirements must be maintained for a period of two years following renewal, and must be available to the agency upon request.

~~(10)~~ **(12)** Hours of continuing education that are obtained in excess of the minimum requirements listed in this rule will not be carried forward as credit for the subsequent license renewal reporting cycle.

~~(11)~~ **(13)** For the purpose of this rule continuing education must include periods of continuous instruction and education, not to include breaks, rest periods, travel registration or meals.

~~(12)~~ **(14)** A copy of Board-approved curriculum objectives for LDD program is available at the Health Licensing Office or on the office website at <http://www.oregon.gov/ohla/Pages/index.aspx>. Payment of administrative fees may be required. Refer to OAR 331-010-0030 for applicable public record request fees.

Stat. Auth.: ORS 676.615, 687.425 & 687.485

Stats. Implemented: ORS 676.615, 687.425 & 687.485

Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; 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 2-2008(Temp), f. 9-15-08 cert. ef. 10-1-08 thru 3-30-09; DEM 1-2009, f. 3-31-09, cert. ef. 4-1-09; DEM 5-2010, f. 12-30-10, cert. ef. 1-1-11; DEM 1-2013(Temp), f. 7-10-13, cert. ef. 7-12-13 thru 1-8-14; DEM 2-2013, f. 12-30-13, cert. ef. 1-1-14; DEM 2-2014, f. 12-31-14, cert. ef. 1-1-15

**HEALTH LICENSING OFFICE,
BOARD OF DIRECT ENTRY MIDWIFERY
DIVISION 25
PRACTICE STANDARDS**

332-025-0020

General Practice Standards

Pursuant to ORS 687.480, licensees must comply with the following practice standards when, advising the mother and in rendering antepartum, intrapartum and postpartum care.

- (1) A licensee must include the designation LDM after the licensee's name when completing birth certificates; and
- (2) As a condition of license renewal, licensees must participate in peer review meetings in their regions or in conjunction with professional organization meeting(s), which must include, but are not limited to, the discussion of cases and obtaining feedback and suggestions regarding care. Documentation must be made on forms approved by the board. Licensees must participate in peer review according to the following schedule:
 - (a) Once per year if the licensee served as the primary birth attendant at 40 or fewer births during the license year; or
 - (b) Twice per year if the licensee served as the primary birth attendant at more than 40 births during the license year.
 - (c) For the purpose of reporting peer review, if there is more than one birth attendant present at the same birth, the birth attendants must designate which birth attendant is primary.
 - (d) If a licensee has not attended any births, participation in peer review is not required. Licensee must attest to not having attended any births on a form prescribed by the agency.
- (3) In accordance with ORS 687.480 and 687.493 a licensee must maintain equipment necessary to: assess maternal, fetal and newborn well being; maintain aseptic technique; respond to emergencies requiring immediate attention; and to resuscitate mother and newborn when attending an out-of-hospital birth.

(4) A licensee must dispose of pathological waste resulting from the birth process in accordance with the Department of Human Services Public Health Division under OAR 333 Division 056. Provisions include:

(a) Incineration, provided the waste is properly containerized at the point of generation and transported without compaction to the site of incineration; or

(b) Burial on private property if burial of human remains on such property is not prohibited or regulated by a local government unit at the designated site.

(5) Licensees must dispose of biological waste materials that come into contact with blood and/or body fluids in a sealable plastic bag (separate from sealable trash or garbage liners) or in a manner that protects the licensee, mother, baby, and others who may come into contact with the material during disposal. Biological wastes may also be incinerated or autoclaved in equipment dedicated to treatment of infectious wastes.

(6) Licensees must dispose of sharps that come into contact with blood or bodily fluids in a sealable, (puncture proof) container that is strong enough to protect the licensee, mother, baby and others from accidental cuts or puncture wounds during the disposal process.

(7) Sharps must be placed into appropriate containers at the point of generation and may be transported without compaction to a landfill having an area designed for sharps burial or transported to an appropriate health care facility equipped to handle sharps disposal, provided the lid of the container is tightly closed or taped to prevent the loss of content and the container is appropriately labeled.

(8) Licensees must maintain a "patient disclosure form" providing current and accurate information to prospective clients. Licensees must provide the mother with this information. This statement must include, but is not limited to:

(a) Philosophy of care;

(b) Midwifery training and education;

(c) Clinical experience;

(d) Services provided to mother and baby;

(e) Types of emergency medications and equipment used **if appropriate**;

(f) Responsibilities of the mother and her family;

(g) Fees for services including financial arrangements;

(h) Malpractice coverage;

(i) Risk assessment criteria as listed in OAR 332-025-0021; and

(j) Whether the licensee has obtained the 40 hours of Initial renewal Legend Drugs and Devices continuing education required under OAR 332-020-0010 or the additional 10 hours related to; and

~~(j)~~ **(k)** Signature of mother and date of signature documenting discussion and receipt of patient disclosure form.

(9) A licensee must maintain a plan for emergency transport and must discuss the plan with the mother. The plan must include, but is not limited to:

(a) Place of transport;

(b) Mode of transport;

(c) Provisions for hospital and physician support including location and telephone numbers; and

(d) Availability of private vehicle or ambulance including emergency delivery equipment carried in the vehicle.

(10) Signature of mother and date of signature documenting discussion of emergency transport plan must be placed in the mother's record.

(11) A licensee must maintain complete and accurate written records documenting the course of midwifery care as listed under OAR 332-025-0110.

(12) A licensee must maintain current certification in cardiopulmonary resuscitation for adults and infants and current certification in neonatal resuscitation.

(13) All births must be registered with the Department of Human Services Vital Records Section, as provided in ORS Chapter 432.

Stat. Auth.: ORS 676.605, 676.615, 687.480 & 687.485

Stats. Implemented: ORS 676.605, 676.615, 687.480 & 687.485

Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 2-1998, f. 4-14-98, cert. ef. 4-15-98; 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 2-2000(Temp), f. 8-22-00, cert. ef. 8-22-00 thru 2-17-00; DEM 2-2000(Temp), f. 8-22-00, cert. ef. 8-22-00 thru 2-17-01; DEM 3-2000, f. 9-29-00, cert. ef. 10-1-00; DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; Administrative correction 11-7-01; 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 6-2010, f. 12-30-10, cert. ef. 1-1-11; DEM 1-2011(Temp), f. & cert. ef. 4-4-11 thru 9-27-11; DEM 5-2011, f. & cert. ef. 9-26-11

332-025-0110**Records of Care Practice Standards**

- (1) The LDM must maintain complete and accurate records of each mother and baby.
- (2) Records mean written documentation, including but not limited to:
 - (a) Midwifery care provided to mother and baby;
 - (b) Demographic information;
 - (c) Medical history;
 - (d) Diagnostic studies and laboratory findings;
 - (e) Emergency transport plan defined under OAR 332-025-0020;
 - (f) Informed consent and risk information documentation under OAR 332-025-0120;
 - (g) Health Insurance Portability and Accountability Act (HIPAA) releases;
 - (h) Description of the reasoning for transfer of care defined under OAR 332-025-0021 of the mother and baby;
 - (i) Documentation of all consultations and recommendations from health care providers as defined under OAR 332-015-0000;
 - (j) Documentation of all consultations and recommendations regarding non-absolute risk factors from Oregon licensed health care providers as defined under OAR 332-025-0021;
 - (k) Documentation of any declined procedures under OAR 332-025-0022;
 - (l) Documentation of termination of care under OAR 332-025-0130; and
 - (m) Documentation that the patient disclosure form, **including information regarding completion of the 40 hours of Initial Renewal Legend Drugs and Devices Training or the additional 10 hours of Subsequent Renewal Continuing Education related to**, has been received by the mother under OAR 332-025-0020.
- (3) Records must be maintained for no less than seven years. All records are subject to review by the agency.
- (4) All records must be legibly written or typed, dated and signed.

(5) All records must include a signature or initial of the LDM.

Stat. Auth.: ORS 487.485 & 676.615

Stats. Implemented: ORS 687.425, 687.480, 687.485, 676.606 & 676.607

Hist.: DEM 6-2010, f. 12-30-10, cert. ef. 1-1-11; Renumbered from 332-025-0070 by
DEM 5-2011, f. & cert. ef. 9-26-11

**HEALTH LICENSING OFFICE,
BOARD OF DIRECT ENTRY MIDWIFERY
DIVISION 26
LEGEND DRUGS AND DEVICES**

332-026-0000

Access to and Administration of Legend Drugs and Devices

(1) An LDM is prohibited from purchasing or administering legend drugs and devices, including Group B Streptococcal Antibiotics, until the continuing education listed in OAR 332-020-0010 has been completed and documentation submitted and approved by the office.

(2) Pursuant to ORS 687.493, an LDM who satisfactorily completes the continuing education OAR 332-020-0010 is authorized access to and administration of specific legend drugs and devices listed in OAR 332-026-0010, 332-026-0020, 332-026-0030.

(3) An LDM must comply with all local, state and federal laws and regulations regarding the administration, distribution, storage, transportation and disposal of approved legend drugs and devices listed in OAR 332-026-0010, 332-026-0020, 332-026-0030.

(4) Approved legend drugs must be inventoried and securely stored by the LDM at all times the product is not in use, including samples or any remaining portion of a drug.

(5) Records regarding approved legend drugs and devices must be maintained for a period of three years. Records must be kept on the business premises and available for inspection upon request by the Health Licensing Office. Upon request by the board or office, an LDM must provide a copy of records. Records must include, but are not limited, to the following:

(a) Name of drug, amount received, date of receipt, and drug expiration date;

(b) Name of drug and to whom it was administered; date and amount of drug administered to client;

(c) Name of drug, date and place or means of disposal.

(4) Expired, deteriorated or unused legend drugs must be disposed of in a manner that protects the licensee, client and others who may come into contact with the material during disposal.

Pursuant to ORS 687.493, an LDM who satisfactorily completes the prescribed education outlined in OAR 332-015-0070 is authorized access to and administration of specific legend drugs and devices listed in OAR 332-026-0010, 332-026-0020, 332-026-0030. The following requirements must be adhered to:

~~(1) Licensees must comply with all local, state and federal laws and regulations regarding the administration, distribution, storage, transportation and disposal of approved legend drugs and devices listed in OAR 332-026-0010, 332-026-0020, 332-026-0030.~~

~~(2) Approved legend drugs must be inventoried and securely stored by the LDM at all times the product is not in use, including samples or any remaining portion of a drug.~~

~~(3) Records regarding approved legend drugs and devices must be maintained for a period of three years. Records must be kept on the business premises and available for inspection upon request by the Oregon Health Licensing Agency Enforcement Officers. Upon request by the board or agency, an LDM must provide a copy of records. Records must include, but are not limited, to the following:~~

~~(a) Name of drug, amount received, date of receipt, and drug expiration date;~~

~~(b) Name of drug and to whom it was administered; date and amount of drug administered to client;~~

~~(c) Name of drug, date and place or means of disposal.~~

~~(4) Expired, deteriorated or unused legend drugs must be disposed of in a manner that protects the licensee, client and others who may come into contact with the material during disposal.~~

Stat. Auth.: ORS 676.605, 676.615, 687.485, 687.493

Stats. Implemented: ORS 676.605, 676.615, 687.485, 687.493

Hist.: DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; 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 6-2010, f. 12-30-10, cert. ef. 1-1-11; Renumbered from 332-025-0030 by DEM 5-2011, f. & cert. ef. 9-26-11

332-026-0010**Approved Legend Drugs For Maternal Use**

Licensees may administer the following legend drugs as approved by the board for maternal use:

- (1) Anti-Hemorrhagics for use by intramuscular injection includes:
 - (a) Synthetic Oxytocin (Pitocin, Syntocin and generic);
 - (b) Methylergonovine (Methergine);
 - (c) Ergonovine (Ergotrate); or
- (2) Anti-Hemorrhagics by intravenous infusion is limited to Synthetic Oxytocin (Pitocin, Syntocin, and generic).
- (3) Anti-Hemorrhagics for oral administration is limited to:
 - (a) Methylergonovine (Methergine);
 - (b) Misoprostol (Cytotec).
- (4) Anti-Hemorrhagics for rectal administration is limited to Misoprostol (Cytotec).
- (5) Resuscitation is limited to medical oxygen and intravenous fluid replacement.
- (6) Intravenous fluid replacement includes:
 - (a) Lactated Ringers Solution;
 - (b) 0.9% Saline Solution;
 - (c) D5LR (5% Dextrose in Lactated Ringers); or
 - (d) D5W (5% Dextrose in water).
- (7) Anaphylactic treatment by subcutaneous injection is limited to Epinephrine.
- (8) Local anesthetic includes:
 - (a) Lidocaine HCl (1% and 2%) (Xylocaine and generic);

(b) Topical anesthetic;

(c) Procaine HCl (Novocain, benzocaine, cetacane and generic); and

(d) Sterile water papules.

(9) Rhesus Sensitivity Prophylaxis is limited to Rho(d) Immune Globulin (RhoGAM, Gamulin Rh, Bay Rho-D and others).

(10) Tissue adhesive (Dermabond or generic).

(11) GBS antibiotic prophylaxis is limited to the following and is only to be used solely for the purpose of GBS prophylaxis:

(a) Penicillin;

(b) Ampicillin;

(c) Cefazolin; or

(d) Clindamycin.

Stat. Auth.: ORS 676.605, 676.615, 687.485 & 687.493

Stats. Implemented: ORS 676.605, 676.615, 687.485 & 687.493

Hist.: DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; 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 6-2010, f. 12-30-10, cert. ef. 1-1-11; DEM 1-2011(Temp), f. & cert. ef. 4-4-11 thru 9-27-11; Renumbered from 332-025-0040 by DEM 5-2011, f. & cert. ef. 9-26-11

**Hearing Officer Report
&
Public Comment**

**OREGON HEALTH AUTHORITY
HEALTH LICENSING OFFICE
BOARD OF DIRECT ENTRY MIDWIFERY
ON RULEMAKING HEARING**

DATE: June 3, 2015

TO: Health Licensing Office and Board of Direct Entry Midwifery

FROM: Samantha Patnode, Hearing Officer

SUBJECT: Report on Rulemaking Hearing

Background

In the matter of amending Oregon Administrative Rule (OAR) 332-015-0030, 332-020-0010, 332-025-0020, 332-025-0110, 322-026-0000 and 332-026-0010. A public hearing was held for the purpose of receiving comments regarding training and education requirements for purchasing and administering Group B Streptococcal (GBS) antibiotic prophylaxis. Prior to the hearing the Health Licensing Office (HLO) filed Notice of Proposed Rulemaking Hearing and Statement of Need and Fiscal Impact with the Secretary of State which was published in the April 2015 in the Oregon Bulletin. Interested persons were invited to offer oral testimony and written comment on the proposed amendments. The Notice provided that the last day to submit comments was April 28, 2015. Three written comments were submitted.

The public hearing was conducted on April 28, 2015, beginning at 9:01 a.m. and closed at 9:02 a.m. at the Health Licensing Office, Rhoades Conference Room located at 700 Summer Street in Salem, Oregon. The hearing was conducted by Samantha Patnode, policy analyst who served as the Hearing Officer.

Summary of Proposed Rules

The amended rule would require that licensed direct entry midwives (LDM) licensed prior to January 1, 2016 obtain 10 hours of instruction including pharmacology regarding specific antibiotics and intravenous administration of antibiotics before their annual renewal date in 2016. LDMs licensed after January 1, 2016 must successfully complete the initial continuing education for legend drugs and devices program totaling 50 hours. Patient notification requirements were added regarding legend drugs and devices.

Written Comments and Documents

HLO received three written submissions on the proposed rule adoptions.

Anne Frye: The purchase and administration of GBS antibiotic prophylaxis should be optional and LDMs should not be required to obtain the additional 10 hours of education and training in administration of antibiotics. Other suggestions mainly focused on organization of rules and grammatical corrections.

Kimberly Kincade: Clarify rule language.

Carole Levanda: Clarification provided for the curriculum for the additional 10 hours of training for GBS antibiotics including indications of administering the antibiotics,

Summary of Oral Comments

HLO received no oral testimony on the proposed rule adoptions.

Public Comment Received from April 1 through April 28, 2015

Email from Anne Frye on April 8, 2015

Dear Samie,

I have looked over the proposed rules for this new permission for DEMs to use antibiotics. I feel strongly that this should be OPTIONAL, as I and a number of midwives I know have NO desire to use antibiotics for Group-B Strep at home. To make perfectly clear who does and doesn't have LD&D approval for antibiotic use this could be stated clearly on the DEM license and wallet card, such as:

LDD, including the use of prophylactic antibiotics for GBS

LDD, NOT including the use of prophylactic antibiotics for GBS

This makes it absolutely clear who has and has not taken the additional training.

Further editing suggestions:

In Div. 20, (3) it states:

(1) states the the CEUs required for standard renewal, then buried in the document in item 7, page 4 it talks about additional CEUs for those who have attended fewer than 5 births. I think it would be much clearer to move (7) to become a subsection of (1), that way the requirements are clear and upfront and together in the document.

(3) Subsequent Renewal Legend Drugs and Devices Continuing Education Renewal Requirements: To maintain licensure an LDM must complete eight and a half clock hours of legend drugs and devices (LDD) continuing education, every two-years and attest **to this** on **their** renewal application. The LDD continuing education must include components listed under subsection (1) (2) of this rule **with the exception of neonatal resuscitation** which is required for annual renewal.

I think this last sentence above is confusingly written. For one thing it implies that resuscitation must be taken on yearly basis, which is not the case. I suggest changing it to:

The LDD continuing education must include components listed under subsection (1) (2) of this rule. **In addition, renewing applicants must complete a course or courses that include instruction in both neonatal and adult resuscitation every two years and attest to this on their renewal application.**

Perhaps the sentence regarding resuscitation requirements should be in a separate numbered clause in the document.

Contact hours of continuing education that are obtained in excess of the minimum requirements listed in this rule **cannot** be carried forward as credit for the subsequent continuing education reporting cycle. **Accrual of CEUs for the next continuing education**

reporting cycle shall begin on the first day of the month in which a license is eligible for renewal.

When must the 10 additional CEUs for those attending 5 births or fewer annually be obtained?? I assume during the year that so few births were actually attended. Some additional wording may be needed to make this clearer that could be added to the above clause (13). One way to deal with this issue would be to further amend the last sentence as I have done above. This would make the sentence generic to both the one-year and two-year cycles of collection of CEUs.

The last sentence here was what I was told when I inquired about when the CEU accrual period started over, I think this would be a good thing to add to the rules.

Finally, it is my understanding that LDD and resuscitation classes can now count toward the total CEUs required for a reporting period, but this is not clear in the rule as far as I can see.

Lastly since the rules are open, this issue of DEMs needing to pay a license fee for the CURRENT YEAR OF RENEWAL ONLY if she has chosen to be inactive for one to three years prior to renewal still needs to be clarified.

Below I have copied the surrounding language for the OAR clause in question: this is in division 20, I have bolded the relevant clause 3-b below. Suddenly the licensing agency staff is interpreting "fees" to mean multiple license fees for each inactive year, even though two kinds of fees are referred to: delinquency and licensing. This wording has remained like this since the board began and has never been interpreted like this in the past. It is my understanding that the board unanimously agreed that they did not want the extra financial burden that multiple licensing fees would represent to be imposed on midwives who, for whatever reason, chose to become inactive within the 3 year window allowed in rule. To clarify it could read:

Delinquency fees for each inactive year plus the license fee for the renewal year only.

Or some other wording that makes it unambiguous that the licensing fee requirement only applies to the single year being renewed.

Here is the clause to which I refer, with the relevant wording in BOLD: (3) (b)

332-020-0000

License Issuance and Renewal

(1) LICENSING: A licensee is subject to the provisions of OAR chapter 331, division 30 regarding the issuance and renewal of a license, and provisions regarding authorization to practice, identification, and requirements for issuance of a duplicate license.

(2) LICENSE RENEWAL: To avoid delinquency penalties, license renewal must be made prior to the license entering inactive status. The licensee must submit the following:

- (a) Renewal application form;
- (b) Payment of required renewal fee;
- (c) Attestation of having obtained required continuing education under OAR 332-020-0010, on a form prescribed by the agency, whether license is current or inactive.
- (d) Evidence of current certification in cardiopulmonary resuscitation for adults and infants;
- (e) Evidence of current certification in neonatal resuscitation;
- (f) Evidence of having completed peer review documented on a form prescribed by the agency pursuant to OAR 332-040-0000; and
- (g) Submit a copy of individual MANAstats practice report pursuant to OAR 332-020-0017.

(3) INACTIVE LICENSE RENEWAL: A license may be inactive for up to three years. When renewing after entering inactive status, the licensee must submit the following:

- (a) Renewal application form;
- (b) Payment of delinquency and license fees pursuant to OAR 332-020-0020;**

Sincerely,

Anne Frye

--

Anne Frye, DEM, CPM
Matrix Midwifery Enterprises, Ltd.
dba Labrys Press
Phone & FAX: 503-255-3378

I have three web addresses that all take you to the same website. Use the one that is easiest for you to remember:

www.midwiferybooks.com

www.LabrysPress.com

www.AnneFrye.com

2nd Email from Anne Frye on April 8, 2015

Dear Samie,

PS. As I read item (7), those attending fewer than 5 births must have another 10 hours YEARLY? In addition to 35 hours every two years?? Is this correct? It is very confusing to have two different renewal periods. Although I think 20 additional hours is WAY over the top, if this is what the board intends, I think that is what it should say in (7), which I am, as I said before, recommending be moved to become a subsection of (1). I suppose it is written this way under the assumption that the DEM might resume more active practice after the year of only doing 5 births. If that is the case, it is unclear to me how these 10 extra hours would be reported on the renewal form. I renewed in March and I do not recall any special part of the form that asks about an annual requirement of 10 additional hours.

as far as LDD and resuscitation being used toward the total number of required CEUs (which as far as I can tell the rules do not now forbid)

you could add a subsection somewhere in (8) that states:

Clock hours accrued in LDD and in resuscitation classes may count toward the total number of required CEUs for a renewal period.

Also, I forgot to mention that the current form, issued by the agency, to document LDD renewal does not anywhere state that the class is good for two years. I think this should be clearly stated on the document.

Sincerely,

Anne Frye

Email from Kimberly Kincade on April 10, 2015

Dear Ms. Patnode

I am happy to see the rules about GBS moving forward, thank you for your work on this. However, I am confused about the wording that is available and am hoping that the actual rule might be written in a manner which is more clear. I apologize that the type below got small. I was able to make my comments bold.

"During the 2013 Legislative Session HB 2997 was enacted allowing licensed direct entry midwives (LDM) to purchase and administer antibiotics for Group B Streptococcal prophylaxis. The proposed rule will require that LDMs licensed prior to January 1, 2016 obtain 10 hours of instruction including pharmacology and intravenous administration of antibiotic before their annual renewal date in 2016. LDMs licensed after January 1, 2016 must successfully compete the initial legend drugs and devices program totaling 50 hours of instruction which includes pharmacology and intravenous administration of antibiotics."

Does this mean that currently licensed midwives need to take a 10 hour "GBS only training" before their renewal date in 2016-or does it mean they need to take an LD&D renewal that includes the GBS training???

If this is a GBS only training-do all licensed midwives have to take it? Or only those that plan to administer iV antibiotics.

If it is a GBS only training, how does its timing interact with the regular LDD, or will they be integrated in the future?

Is the written disclosure about LDD related to whether a midwife has taken LDD in General? Or about LDD with GBS training? All of the above? I think that licensed midwives assume that they HAVE to take LDD, and most let clients know through hiring disclosures that they do train in and carry some medications. It feels redundant to make this a requirement from our perspective, but I can understand the agency wanting assurance that it IS disclosed. However, this thinking (that we are already doing it) prompts these kind of questions.

Finally, it might be hard to find and take a training before, for example, my renewal date in 2016 as it is in February. Not impossible, as I live in Portland, but much more difficult for midwives in more remote parts of the state. Midwives are constantly tracking when they need to take LDD, and changing the timing will be messy. I understand that we have to start somewhere, and that there are always growing pains, I'm just letting you know.

For the record, I am writing mainly as a licensed midwife. But because I am OMC Vice President, I'm also writing on behalf of the State's midwives.

Thank you again for your work. And for any clarity that you can bring to these rules.

Sincerely Kimberly Kincade CPM, LDM, OMC Vice President

Email from Carole Levanda on April 28, 2015

Dear Samie,

HB 2997 expanded the formulary of Legend Drugs and Devices for LDMs to include “antibiotics for Group B Streptococcal (GBS) antibiotic prophylaxis.”

The proposed changes to LDM rules expand the number of clock hours for initial Legend Drug and Devices (LDD) training from 40 to 50 hours. For LDMs who have already taken the initial LDD training, a separate additional 10 hour course in administering IV antibiotics for GBS prophylaxis is required.

The course curriculum presented in the rules revision includes instruction on pharmacology and administration of the antibiotics, but does not appear to include education and instruction on the indications for administering the antibiotics.

To supplement the proposed Rules, I have several recommendations:

1. The document “Prevention of Perinatal Group B Streptococcal Disease, Revised Guidelines from CDC, 2010 should provide the basis for the curriculum for Group B Streptococcal antibiotic prophylaxis. <http://www.cdc.gov/mmwr/pdf/rr/rr5910.pdf>
2. The course should give specific training on the Identification of candidates for intrapartum antibiotic prophylaxis (IAP), the GBS specimen collection and processing, as well as the pharmacology and administration of medications for intrapartum antibiotic prophylaxis (IAP).
3. It should be written in rule that IV antibiotics for GBS prophylaxis can only be administered using the most current CDC protocol. At this time it is the 2010 CDC guidelines.
4. It should be written in rule that the use of these four antibiotics is solely for GBS prophylaxis, and not for the treatment of any other disease or condition (such as sudden fever during labor, urinary tract infections, or prolonged rupture of membranes without GBS.)
5. For women who are GBS positive and are allergic to penicillin, a decision must be made as to whether or not she is at high risk for anaphylaxis. I think referral to her primary care physician or nurse practitioner should be required to make that assessment.
6. The incidence of an anaphylactic reaction to an IV antibiotic is low, but can be catastrophic. The course training must prepare the LDM for the rare occurrence of anaphylactic shock. An LDM must know how to administer emergency measures while waiting for EMS to arrive.
7. The AAP (American Association of Pediatrics) recommends “for well-appearing term newborn infants born to mothers with an indication for IAP (intrapartum antibiotic prophylaxis) to prevent GBS disease and receipt of 4 or more hours of penicillin, ampicillin or cefazolin at the appropriate dose before delivery, routine care and 48 hours of observation continue to be recommended. However, if these infants meet other discharge criteria, including

term birth and ready access to medical care, discharge can occur as early as 24 hours after birth.” (a)

The AAP further recommends that well-appearing term infants born to women with no or inadequate IAP and rupture of membranes for 18 or more hours before delivery should undergo a limited evaluation and observation for at least 48 hours. (a)

These AAP recommendations should be explained to the client as part of the informed consent process.

8. It must be emphasized in the curriculum and in rule that if a woman receives IV antibiotics for GBS prophylaxis and she develops a fever in labor, transfer to a hospital is still required. According to the UK NICE transfer guidelines, women with a fever of 100.4 F must be transferred to an obstetric unit. (b)
9. If a client is GBS positive and has consented to IAP and expects to receive IV antibiotics for GBS prophylaxis during labor, transfer may be necessary in the event that IV access cannot be obtained in the out of hospital setting.

Suggested changes in wording:

332-020-0010

(5) (a) “including Group B Streptococcal antibiotics prophylaxis” change to “IV antibiotics for Group B Streptococcal prophylaxis.”

(6) (a) Change to “Training in IV antibiotics for GBS prophylaxis consists of 10 hours of instruction.....”

332-05-0020

(8) (e) Change to “Types of emergency medications and equipment available for use in an emergency.”

332-026-0000

- (1) An LDM is prohibited from purchasing or administering legend drugs and devices, including IV antibiotics for GBS prophylaxis.....”

332-026-0010

- (11) (a) Penicillin for IV infusion
- (b) Ampicillin for IV infusion
- © Cefazolin for IV infusion
- (d) Clindamycin for IV infusion

References:

- (a) <http://pediatrics.aappublications.org/content/early/2011/07/28/peds.2011-1466.full.pdf>
- (b) <http://www.nice.org.uk/guidance/cg190/resources/guidance-intrapartum-care-care-of-healthy-women-and-their-babies-during-childbirth-pdf>

Thanks to the BDEM for considering my recommendations.
Carole LeVanda

**Adopt Temporary Rule
&
Approve Rule Schedule**



HEALTH LICENSING OFFICE

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www.oregon.gov/oha/hlo | Email: hlo.info@state.or.us

APPLICATION TO SERVE ON RULES ADVISORY COMMITTEE (RAC)

HLO Scheduling Information

Board/Council Name:

Subject Matter:

Applications accepted through:

HLO's proposed time(s) and date(s) of commitment to the RAC process are:

Hours Per For the period/dates of:

Applicant Information

Are you available for the time and date commitment indicated above: Yes No – If no, what dates would you be available:

Applicant Name:

Address:

City:

State:

Zip:

Phone: Home Cell Business Phone: Email:

Organization:

Title:

What perspective do you represent?

Describe your related experience and content expertise that would assist in this process.

Why are you interested in participating in this exercise?

Are you able to commit to reviewing materials resulting from committee meetings?

Yes No: Comments?

Describe other collaborative efforts you have been involved in and how you contributed.

HEALTH LICENSING OFFICE
BOARD OF DIRECT ENTRY MIDWIFERY
DIVISION 15
GENERAL ADMINISTRATION

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, 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~~ **Initial Renewal Legend Drugs and Devices Training continuing education** within 12 months of applying for licensure the applicant must submit proof of receiving the training on a form prescribed by the agency.
- (9) If the applicant has not received the Initial Renewal Legend Drugs and Devices continuing education 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

**HEALTH LICENSING OFFICE,
BOARD OF DIRECT ENTRY MIDWIFERY
DIVISION 20
LICENSURE**

332-020-0010

Continuing Education

(1) Standard Continuing Education Renewal Requirements: To maintain licensure an LDM must complete 35 clock hours of continuing education related to services listed in ORS 687.405, cultural competency, patient charting, ethics, communication, or professional development every two years from the date of initial licensure and every two years thereafter.

(2) **Initial Renewal Legend Drugs and Devices Initial Continuing Education Requirements (40 hours):** Upon first renewal or to purchase and administer legend drugs and devices an LDM must successfully complete the 40 clock hours of instruction in an approved legend drugs and devices program approved by the Board. The program is composed of theory, hands-on practice, and skills testing for competency which must include the following:

- (a) Eight clock hours in Pharmacology covering drugs listed in ORS 687.493, OAR 332-026-0010 and 332-026-0020;
- (b) Four clock hours of administration of medications through injection;
- (c) Four clock hours in advanced treatment of shock;
- (d) 10 clock hours in intravenous therapy;
- (e) Four clock hours in neonatal resuscitation; and
- (f) 10 clock hours in suturing.

(4) Initial Renewal LDD with GBS Antibiotics Continuing Education Requirements (50 hours): Individuals licensed after January 1, 2016 must successfully complete the Initial Renewal LDD Program consisting of 50 hours of instruction in an approved legend drugs and devices program approved by the Board by July 1, 2016. The Initial Renewal LDD program is composed of theory, hands-on practice, and skills testing for competency which must include the following:

(a) 10 clock hours in Pharmacology covering drugs listed in ORS 687.493, OAR 332-026-0010 and 332-026-0020 including GBS antibiotics prophylaxis;

(b) Four clock hours of administration of medications through injection;

(c) Four clock hours in advanced treatment of shock;

(d) 18 clock hours in intravenous therapy;

(e) Four clock hours in neonatal resuscitation; and

(f) 10 clock hours in suturing.

(3) **Subsequent Renewal Legend Drugs and Devices Continuing Education Renewal Requirements:** To maintain licensure an LDM must complete eight and a half clock hours of ~~legend drugs and devices (LDD)~~ **LDD** continuing education, every two-years and attest **to this** on the renewal application. ~~The LDD continuing education must include components listed under subsection (1) of this rule with the exception of neonatal resuscitation which is required for annual renewal.~~ **The 8.5 LDD continuing education hours cannot be counted towards the continuing education listed in subsection (1) of this rule.** Components must include the following:

(a) Two hours in pharmacology **as of January 1, 2016 all subsequent renewal programs must include pharmacology regarding GBS antibiotics;**

(b) One half hour in administration of medications through injection;

(c) One hour in advanced treatment of shock;

(d) Three hours in intravenous therapy **as of January 1, 2016 all subsequent renewal programs must include intravenous therapy regarding GBS antibiotic prophylaxis;** and

(e) Three hours in suturing.

(5) An individual licensed before January 1, 2016, and who have already completed the requirements listed in subsection (2) of this rule, must successfully complete approved training in GBS antibiotic prophylaxis consisting of 10 hours of instruction including pharmacology and intravenous administration of antibiotics July 1, 2016. Individuals licensed before January 1, 2016 must still complete the requirements in subsection (1), (2) and (3) of this rule, if applicable.

~~(4)~~**(6)** In accordance with ORS 687.425 a licensee who has attended ~~fewer~~ **less** than five births in the previous **renewal** year ~~is~~ **the licensee is** required to take an additional

~~ten~~ **10** hours of continuing education **separate from the hour requirements listed in subsection (1), (2) or (3) of this rule. The additional 10 hours of continuing education must be obtained in during the next annual renewal cycle. Subject matter for the additional 10 hours of continuing education must be related to subjects listed in ~~in subjects listed in~~ subsection (1)(a)(A) of this rule ~~during the next annual renewal cycle.~~**

~~(5)~~ **(7)** Continuing Education ~~listed in subsection (1) or (3)~~ may be obtained through online courses, attendance at lectures, sessions, courses, workshops, symposiums seminars or other presentations offered by:

(a) Institutions or programs accredited by a federally recognized accrediting agency;

(b) Institutions or programs approved by an agency within the Oregon Higher Education Coordinating Commission;

(c) An organization offering continuing medical education opportunities, including but not limited to, Accreditation Council for Continuing Medical Education, MEAC accredited or pre-accredited schools and the Oregon Midwifery Council.

(d) Any additional board approved professional organization, or association, hospital, or health care clinic offering continuing education related to subject matter listed **above in** ~~(1) or (2) of this rule.~~

~~(6)~~ **(8)** Continuing education relating to subject matter listed in subsection (1) of this rule may also be obtained through research, authorship or teaching, provided that no more than half the required hours be in research, authorship or teaching.

~~(7)~~ **(9)** Up to nine clock hours of continuing education relating to subject matter listed in subsection (1) of this rule may be completed through self-study. Documentation substantiating the completion of continuing education through self-study must be submitted on forms provided by the agency and must include the following:

(a) Name of sponsor or source, type of study, description of content, date of completion, and duration in hours in accordance with subsection (8) of this rule;

(b) Name of approved correspondence courses or national home study issues;

(c) Name of publications, textbooks, printed material or audiocassette's, including date of publication, publisher, and ISBN identifier; and

(d) Name of films, videos, or slides, including date of production, name of sponsor or producer and catalog number.

~~(8)~~ **(10)** Obtaining and maintaining proof of participation in continuing education is the responsibility of the licensee. The licensee must ensure that adequate proof of

attainment of required continuing education is available for audit or investigation or when otherwise requested by the agency. Adequate proof of participation is listed under OAR 332-020-0015(3).

~~(9)~~ **(11)** Documentation of participation in continuing education requirements must be maintained for a period of two years following renewal, and must be available to the agency upon request.

~~(10)~~ **(12)** Hours of continuing education that are obtained in excess of the minimum requirements listed in this rule will not be carried forward as credit for the subsequent license renewal reporting cycle.

~~(11)~~ **(13)** For the purpose of this rule continuing education must include periods of continuous instruction and education, not to include breaks, rest periods, travel registration or meals.

~~(12)~~ **(14)** A copy of Board-approved curriculum objectives for LDD program is available at the Health Licensing Office or on the office website at <http://www.oregon.gov/ohla/Pages/index.aspx>. Payment of administrative fees may be required. Refer to OAR 331-010-0030 for applicable public record request fees.

Stat. Auth.: ORS 676.615, 687.425 & 687.485

Stats. Implemented: ORS 676.615, 687.425 & 687.485

Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; 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 2-2008(Temp), f. 9-15-08 cert. ef. 10-1-08 thru 3-30-09; DEM 1-2009, f. 3-31-09, cert. ef. 4-1-09; DEM 5-2010, f. 12-30-10, cert. ef. 1-1-11; DEM 1-2013(Temp), f. 7-10-13, cert. ef. 7-12-13 thru 1-8-14; DEM 2-2013, f. 12-30-13, cert. ef. 1-1-14; DEM 2-2014, f. 12-31-14, cert. ef. 1-1-15

**HEALTH LICENSING OFFICE,
BOARD OF DIRECT ENTRY MIDWIFERY
DIVISION 25
PRACTICE STANDARDS**

332-025-0020

General Practice Standards

Pursuant to ORS 687.480, licensees must comply with the following practice standards when, advising the mother and in rendering antepartum, intrapartum and postpartum care.

- (1) A licensee must include the designation LDM after the licensee's name when completing birth certificates; and
- (2) As a condition of license renewal, licensees must participate in peer review meetings in their regions or in conjunction with professional organization meeting(s), which must include, but are not limited to, the discussion of cases and obtaining feedback and suggestions regarding care. Documentation must be made on forms approved by the board. Licensees must participate in peer review according to the following schedule:
 - (a) Once per year if the licensee served as the primary birth attendant at 40 or fewer births during the license year; or
 - (b) Twice per year if the licensee served as the primary birth attendant at more than 40 births during the license year.
 - (c) For the purpose of reporting peer review, if there is more than one birth attendant present at the same birth, the birth attendants must designate which birth attendant is primary.
 - (d) If a licensee has not attended any births, participation in peer review is not required. Licensee must attest to not having attended any births on a form prescribed by the agency.
- (3) In accordance with ORS 687.480 and 687.493 a licensee must maintain equipment necessary to: assess maternal, fetal and newborn well being; maintain aseptic technique; respond to emergencies requiring immediate attention; and to resuscitate mother and newborn when attending an out-of-hospital birth.

(4) A licensee must dispose of pathological waste resulting from the birth process in accordance with the Department of Human Services Public Health Division under OAR 333 Division 056. Provisions include:

(a) Incineration, provided the waste is properly containerized at the point of generation and transported without compaction to the site of incineration; or

(b) Burial on private property if burial of human remains on such property is not prohibited or regulated by a local government unit at the designated site.

(5) Licensees must dispose of biological waste materials that come into contact with blood and/or body fluids in a sealable plastic bag (separate from sealable trash or garbage liners) or in a manner that protects the licensee, mother, baby, and others who may come into contact with the material during disposal. Biological wastes may also be incinerated or autoclaved in equipment dedicated to treatment of infectious wastes.

(6) Licensees must dispose of sharps that come into contact with blood or bodily fluids in a sealable, (puncture proof) container that is strong enough to protect the licensee, mother, baby and others from accidental cuts or puncture wounds during the disposal process.

(7) Sharps must be placed into appropriate containers at the point of generation and may be transported without compaction to a landfill having an area designed for sharps burial or transported to an appropriate health care facility equipped to handle sharps disposal, provided the lid of the container is tightly closed or taped to prevent the loss of content and the container is appropriately labeled.

(8) Licensees must maintain a "patient disclosure form" providing current and accurate information to prospective clients. Licensees must provide the mother with this information. This statement must include, but is not limited to:

(a) Philosophy of care;

(b) Midwifery training and education;

(c) Clinical experience;

(d) Services provided to mother and baby;

(e) Types of emergency medications and equipment used **if appropriate**;

(f) Responsibilities of the mother and her family;

(g) Fees for services including financial arrangements;

(h) Malpractice coverage;

(i) Risk assessment criteria as listed in OAR 332-025-0021; and

(j) Whether the licensee has obtained the 40 hours of Initial renewal Legend Drugs and Devices continuing education required under OAR 332-020-0010 or the additional 10 hours related to GBS prophylaxis; and

~~(j)~~ **(k)** Signature of mother and date of signature documenting discussion and receipt of patient disclosure form.

(9) A licensee must maintain a plan for emergency transport and must discuss the plan with the mother. The plan must include, but is not limited to:

(a) Place of transport;

(b) Mode of transport;

(c) Provisions for hospital and physician support including location and telephone numbers; and

(d) Availability of private vehicle or ambulance including emergency delivery equipment carried in the vehicle.

(10) Signature of mother and date of signature documenting discussion of emergency transport plan must be placed in the mother's record.

(11) A licensee must maintain complete and accurate written records documenting the course of midwifery care as listed under OAR 332-025-0110.

(12) A licensee must maintain current certification in cardiopulmonary resuscitation for adults and infants and current certification in neonatal resuscitation.

(13) All births must be registered with the Department of Human Services Vital Records Section, as provided in ORS Chapter 432.

Stat. Auth.: ORS 676.605, 676.615, 687.480 & 687.485

Stats. Implemented: ORS 676.605, 676.615, 687.480 & 687.485

Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 2-1998, f. 4-14-98, cert. ef. 4-15-98; 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 2-2000(Temp), f. 8-22-00, cert. ef. 8-22-00 thru 2-17-00; DEM 2-2000(Temp), f. 8-22-00, cert. ef. 8-22-00 thru 2-17-01; DEM 3-2000, f. 9-29-00, cert. ef. 10-1-00; DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; Administrative correction 11-7-01; 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 6-2010, f. 12-30-10, cert. ef. 1-1-11; DEM 1-2011(Temp), f. & cert. ef. 4-4-11 thru 9-27-11; DEM 5-2011, f. & cert. ef. 9-26-11

332-025-0110**Records of Care Practice Standards**

- (1) The LDM must maintain complete and accurate records of each mother and baby.
- (2) Records mean written documentation, including but not limited to:
 - (a) Midwifery care provided to mother and baby;
 - (b) Demographic information;
 - (c) Medical history;
 - (d) Diagnostic studies and laboratory findings;
 - (e) Emergency transport plan defined under OAR 332-025-0020;
 - (f) Informed consent and risk information documentation under OAR 332-025-0120;
 - (g) Health Insurance Portability and Accountability Act (HIPAA) releases;
 - (h) Description of the reasoning for transfer of care defined under OAR 332-025-0021 of the mother and baby;
 - (i) Documentation of all consultations and recommendations from health care providers as defined under OAR 332-015-0000;
 - (j) Documentation of all consultations and recommendations regarding non-absolute risk factors from Oregon licensed health care providers as defined under OAR 332-025-0021;
 - (k) Documentation of any declined procedures under OAR 332-025-0022;
 - (l) Documentation of termination of care under OAR 332-025-0130; and
 - (m) Documentation that the patient disclosure form has been received by the mother under OAR 332-025-0020, **including information regarding completion of the 40 hours of Initial Renewal Legend Drugs and Devices Training or the additional 10 hours of Subsequent Renewal Continuing Education related to GBS prophylaxis.**
- (3) Records must be maintained for no less than seven years. All records are subject to review by the agency.
- (4) All records must be legibly written or typed, dated and signed.

(5) All records must include a signature or initial of the LDM.

Stat. Auth.: ORS 487.485 & 676.615

Stats. Implemented: ORS 687.425, 687.480, 687.485, 676.606 & 676.607

Hist.: DEM 6-2010, f. 12-30-10, cert. ef. 1-1-11; Renumbered from 332-025-0070 by
DEM 5-2011, f. & cert. ef. 9-26-11

**HEALTH LICENSING OFFICE,
BOARD OF DIRECT ENTRY MIDWIFERY
DIVISION 26
LEGEND DRUGS AND DEVICES**

332-026-0000

Access to and Administration of Legend Drugs and Devices

(1) An LDM is prohibited from purchasing or administering legend drugs and devices, including Group B Streptococcal Antibiotics, until the continuing education listed in OAR 332-020-0010 has been completed and documentation submitted and approved by the office.

(2) Pursuant to ORS 687.493, an LDM who satisfactorily completes the continuing education OAR 332-020-0010 is authorized access to and administration of specific legend drugs and devices listed in OAR 332-026-0010, 332-026-0020, 332-026-0030.

(3) An LDM must comply with all local, state and federal laws and regulations regarding the administration, distribution, storage, transportation and disposal of approved legend drugs and devices listed in OAR 332-026-0010, 332-026-0020, 332-026-0030.

(4) Approved legend drugs must be inventoried and securely stored by the LDM at all times the product is not in use, including samples or any remaining portion of a drug.

(5) Records regarding approved legend drugs and devices must be maintained for a period of three years. Records must be kept on the business premises and available for inspection upon request by the Health Licensing Office. Upon request by the board or office, an LDM must provide a copy of records. Records must include, but are not limited, to the following:

(a) Name of drug, amount received, date of receipt, and drug expiration date;

(b) Name of drug and to whom it was administered; date and amount of drug administered to client;

(c) Name of drug, date and place or means of disposal.

(4) Expired, deteriorated or unused legend drugs must be disposed of in a manner that protects the licensee, client and others who may come into contact with the material during disposal.

~~Pursuant to ORS 687.493, an LDM who satisfactorily completes the prescribed education outlined in OAR 332-015-0070 is authorized access to and administration of specific legend drugs and devices listed in OAR 332-026-0010, 332-026-0020, 332-026-0030. The following requirements must be adhered to:~~

~~(1) Licensees must comply with all local, state and federal laws and regulations regarding the administration, distribution, storage, transportation and disposal of approved legend drugs and devices listed in OAR 332-026-0010, 332-026-0020, 332-026-0030.~~

~~(2) Approved legend drugs must be inventoried and securely stored by the LDM at all times the product is not in use, including samples or any remaining portion of a drug.~~

~~(3) Records regarding approved legend drugs and devices must be maintained for a period of three years. Records must be kept on the business premises and available for inspection upon request by the Oregon Health Licensing Agency Enforcement Officers. Upon request by the board or agency, an LDM must provide a copy of records. Records must include, but are not limited, to the following:~~

~~(a) Name of drug, amount received, date of receipt, and drug expiration date;~~

~~(b) Name of drug and to whom it was administered; date and amount of drug administered to client;~~

~~(c) Name of drug, date and place or means of disposal.~~

~~(4) Expired, deteriorated or unused legend drugs must be disposed of in a manner that protects the licensee, client and others who may come into contact with the material during disposal.~~

Stat. Auth.: ORS 676.605, 676.615, 687.485, 687.493

Stats. Implemented: ORS 676.605, 676.615, 687.485, 687.493

Hist.: DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; 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 6-2010, f. 12-30-10, cert. ef. 1-1-11; Renumbered from 332-025-0030 by DEM 5-2011, f. & cert. ef. 9-26-11

332-026-0010**Approved Legend Drugs For Maternal Use**

Licensees may administer the following legend drugs as approved by the board for maternal use:

- (1) Anti-Hemorrhagics for use by intramuscular injection includes:
 - (a) Synthetic Oxytocin (Pitocin, Syntocin and generic);
 - (b) Methylergonovine (Methergine);
 - (c) Ergonovine (Ergotrate); or
- (2) Anti-Hemorrhagics by intravenous infusion is limited to Synthetic Oxytocin (Pitocin, Syntocin, and generic).
- (3) Anti-Hemorrhagics for oral administration is limited to:
 - (a) Methylergonovine (Methergine);
 - (b) Misoprostol (Cytotec).
- (4) Anti-Hemorrhagics for rectal administration is limited to Misoprostol (Cytotec).
- (5) Resuscitation is limited to medical oxygen and intravenous fluid replacement.
- (6) Intravenous fluid replacement includes:
 - (a) Lactated Ringers Solution;
 - (b) 0.9% Saline Solution;
 - (c) D5LR (5% Dextrose in Lactated Ringers); or
 - (d) D5W (5% Dextrose in water).
- (7) Anaphylactic treatment by subcutaneous injection is limited to Epinephrine.
- (8) Local anesthetic includes:
 - (a) Lidocaine HCl (1% and 2%) (Xylocaine and generic);

(b) Topical anesthetic;

(c) Procaine HCl (Novocain, benzocaine, cetacane and generic); and

(d) Sterile water papules.

(9) Rhesus Sensitivity Prophylaxis is limited to Rho(d) Immune Globulin (RhoGAM, Gamulin Rh, Bay Rho-D and others).

(10) Tissue adhesive (Dermabond or generic).

(11) GBS antibiotic prophylaxis is limited to the following and is only to be used solely for the purpose of GBS prophylaxis:

(a) Penicillin;

(b) Ampicillin;

(c) Cefazolin; or

(d) Clindamycin.

Stat. Auth.: ORS 676.605, 676.615, 687.485 & 687.493

Stats. Implemented: ORS 676.605, 676.615, 687.485 & 687.493

Hist.: DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; 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 6-2010, f. 12-30-10, cert. ef. 1-1-11; DEM 1-2011(Temp), f. & cert. ef. 4-4-11 thru 9-27-11; Renumbered from 332-025-0040 by DEM 5-2011, f. & cert. ef. 9-26-11

Approve Legend Drugs and Devices Curriculum

BACKGROUND AND DISCUSSION:

During the 2013 Legislative Session House Bill 2997 added antibiotics for Group B Streptococcal (GBS) prophylaxis to the legend drugs for licensed direct entry midwives to purchase and administer.

ISSUE:

Review draft Initial Legend Drugs and Devices Curriculum, Renewal Legend Drugs and Devices (LDD) and additional 10 hours of GBS prophylaxis curriculum. The Health Licensing Office asked a representative from Birthingway College and Oregon Midwifery Council (OMC) to review all LDD curriculum. Below are recommendations made by Birthingway College and the OMC.

Silke Ackerson, Oregon Midwifery Council Recommendations

- In both of the LDD classes there is an outdated dosage for Rhogam at 28 weeks. It says 50 mcg Rhogam at 28 weeks but the current standard of care is 300 mcg at 28 weeks after a 2nd or 3rd trimester abortion or loss and after birth. 50 mcg is still the correct dosage following a miscarriage up to 12 weeks.
- Change title to GBS prophylaxis.
- Reduce the number of hours GBS prophylaxis.

Nicole Reding, Birthingway LDD Recommendations:

- Update the Rh Immune globulin dosing data.
- Add learning objectives that identify the limits and special needs of LDMs using LDD in home or birth center setting, i.e. how to use the IV bags when there are no IV poles in someone's bedroom.
- Remove Pozner – Pharmacology for Midwives

Future changes to consider:

- Reduce initial LDD hours from 40 to 30. (reduce suturing and IV therapy)
- Demonstrate 1 IV start instead of 5
- Decrease the number of hours required the GBS prophylaxis

BOARD ACTION:

Approve revisions to all legend drugs and devices curriculum.

CORE CURRICULUM FOR GROUP B
STREPTOCOCCAL (GBS) PROPHYLAXIS
 (page 1 of 2)

Objectives

- | | |
|---|--|
| <ul style="list-style-type: none"> ➤ Provide clear informed choice regarding the risks and benefits of IV antibiotics in labor for Newborn GBS disease prevention. ➤ Define and explain drugs specifically related to Perinatal Group B Streptococcal Disease prophylaxis to include: <ul style="list-style-type: none"> ✓ Patient Assessment ✓ Action and effect ✓ Adverse reactions ➤ Explain placental transfer of medication to the fetus. ➤ Explain how an antibiotic moves through the body: <ul style="list-style-type: none"> ✓ Absorption rate ✓ Metabolism ✓ Excretion ✓ Mechanism of pharmacological action ✓ Indications ✓ Therapeutic effects ✓ Side effects/ adverse reactions ✓ Contraindications ✓ Incompatibilities/drug interactions ➤ Administration including: <ul style="list-style-type: none"> ✓ Dosage ✓ Dosage form and packaging ✓ Onset of action ✓ Peak effect ✓ Duration of action/half-life ✓ Storage, transport and security ✓ Disposal | <ul style="list-style-type: none"> ➤ Chart the use of authorized antibiotics. ➤ Reasons for using I.V. therapy for Perinatal Group B Streptococcal Disease prophylaxis. ➤ List necessary equipment and supplies for administration of antibiotic prophylaxis in labor. ➤ List and explain appropriate use of I.V. solutions with antibiotics. ➤ Explain and describe all appropriate administration sites for IV antibiotics in labor, including risks and benefits of each. ➤ Explain in detail the appropriate procedure for administration of antibiotics with I.V. fluids. ➤ Describe appropriate flow rates for I.V. administration of antibiotics. ➤ Demonstrate, on mannequin, appropriate steps for administering I.V. Antibiotics in labor. ➤ Demonstrate, on live model, appropriate steps for preparing and maintaining a saline lock (for antibiotic prophylaxis in labor), including: <ul style="list-style-type: none"> ✓ where to place ✓ how to place ✓ how to maintain, including flushing ✓ how to disconnect ➤ Demonstrate, on live model, correct administration and discontinuation of four I.V.s for antibiotic prophylaxis in labor in at least two different appropriate sites. |
|---|--|

Dosage Guidelines

- Penicillin G 5million units I.V. with initial dose, 2.5 million units every (4) four hours until delivery.
- Ampicillin, 2g I.V. with initial dose, 1g I.V. every (4) four hours until delivery.
- Cefazolin 2g I.V. with initial dose, 1g I.V. every (8) eight hours until delivery.
- Clindamycin 900mg. I.V. every (8) eight hours until delivery.
- IV Fluid Types:
 - ✓ 0.9% Saline Solution
 - ✓ Lactated Ringers Solution
 - ✓ D5LR
 - ✓ D5W
 - ✓ Antibiotics (as listed under pharmacology section).

CORE CURRICULUM FOR GBS

(continued: page 2 of 2)

Instructors

- Licensed Pharmacist (not limited to Oregon Licensure)
- Licensed Midwife
- Licensed RN or CNM
- Licensed Physician - MD, DO, ND
- Physician Assistant

Resources

- Current Edition of the following:
 - ✓ ~~Pharmacology for Midwives by Jane Poznar, Rph~~
 - ✓ Physician's Desk Reference
 - ✓ Drug Topics; Facts and Comparisons
 - ✓ CDC Prevention of Perinatal Group B Streptococcal Disease.
 - ✓ Ontario Midwives. *Clinical Practice Guideline No. 11. Group B Streptococcus: Prevention and Management in Labor.*
 - ✓ Practical Skills Guide for Midwifery, Pam Weaver and Sharon K. Evans, Advanced Emergency.
 - ✓ Care by Shirley Jones, Al Weigel, Roger White, Norman McSwain and Marty Breiter. Published by Lippincott Williams and Wilkins.
 - ✓ Holistic Midwifery II: Care During Labor and Birth by Anne Frye (*current edition*).
 - ✓ CDC 2010 Prevention of Perinatal Group B Streptococcal Disease.

Initial Renewal Legend Drugs & Devices

**DIRECT ENTRY MIDWIFERY
LEGEND DRUGS
AND DEVICES**

INITIAL EDUCATION



HEALTH LICENSING OFFICE
Board of Direct Entry Midwifery

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LEGEND DRUGS AND DEVICES INITIAL EDUCATION
40 hours

The **Initial Legend Drugs and Devices Education** program consist of 40 total hours of instruction in the following: 8 hours - Pharmacology; 4 hours - Administration of medications through injection; 4 hours - Treatment of shock; 10 hours – I.V. Therapy; 4 hours - Neonatal resuscitation specific to out of hospital birth and 10 hours– Suturing. See core curriculum for learning objectives and other details.

Course / Description	Hours Required
PHARMACOLOGY:	8 hours
ADMINISTRATION OF MEDICATIONS THROUGH INJECTION:	4 hours
TREATMENT OF SHOCK:	4 hours
I.V. THERAPY:	10 hours
NEONATAL RESUSCITATION:	4 hours
SUTURING:	10 hours
TOTAL HOURS:	40 HOURS

In the course of study the candidate shall receive theory instruction, classroom instructor demonstrations, and/or guided practical experience under the supervision of the authorized provider. The amounts of time a candidate devotes to theory and practice are flexible provided the minimum hour requirements listed above are met.

In addition to the forty hours of instruction, the course must include assessment of theory and skills.

CORE CURRICULUM FOR PHARMACOLOGY
 (page 1 of 2)

Objectives

<ul style="list-style-type: none"> ➤ Define a drug. ➤ Define "legend drugs and devices" <i>Explain OAR's concerning legend drugs and devices</i>-Define and explain the following: <ul style="list-style-type: none"> ✓ Action and effect; ✓ Adverse reactions; ✓ Agonists and antagonists; ✓ Tolerance; ✓ Interactions; ✓ Placebo effects; and ✓ Compliance. ➤ Discuss various routes of administration. ➤ List steps for administering intradermal sterile water papules. ➤ Explain placental transfer of medication to the fetus. ➤ Explain how a drug moves through the body: <ul style="list-style-type: none"> ✓ Absorption rate; ✓ Metabolism; and ✓ Excretion. ➤ Chart the use of authorized legend drugs and devices. ➤ Devise system for tracking legend drugs in a home-based midwifery practice, including expiration dates, per OAR. 	<ul style="list-style-type: none"> ➤ Explain use of <i>drug references</i>. ➤ For each of the legend drugs and devices authorized for use by LDMs, explain and discuss the following (see text for specifics): <ul style="list-style-type: none"> ✓ Mechanism of pharmacological action; ✓ Indications; ✓ Therapeutic effects; ✓ Side effects/adverse reactions; ✓ Contraindications; ✓ Incompatibilities/drug interactions; and ✓ Administration including: <ul style="list-style-type: none"> • Dosage; • Dosage form and packaging; • Onset of action; • Peak effect; • Duration of action/half-life Storage, transport and security; and • Disposal.
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Dosage Guidelines

- Synthetic Oxytocin (Pitocin, Syntocin & Generic) IM: 10U (1ml), may repeat at 2 hour intervals as necessary to maintain uterine tone. IV: 10U (1ml) bolus, may add 10-20U (1-2ml) to 1000 ml IV fluid and infuse at rate necessary to maintain uterine tone
- Methylergonovine (Methergine)
IM: 0.2 mg (1 ml) repeat if necessary at 2 to 4 hour intervals
Oral: 0.2 - 0.4 mg (1 to 2 tablets) every 6 to 12 hours for up to 2 to 7 days
- Ergonovine (Ergotrate)
Oral: 0.2 - 0.4 mg (1 to 2 tablets) every 6 to 12 hours for up to 2 to 7 days
- Misoprostol (Cytotec)
600 mcg (micrograms) orally or rectally for management of postpartum hemorrhage only
- Epinephrine (Adrenalin, EpiPen, and generic) SQ: 0.2 mg - 0.3 mg of 1:1000 solution (0.2 ml to 0.3 ml) for rescue from anaphylactic reaction
- Vitamin K1 (Phytonadione) (injectable, generic; oral: Mephyton or generic) IM: .5 to 1.0 mg at birth: Oral: 1.25 mg to 2.5 mg (1/2 tablet crushed) at birth, repeating dose at one week, and at 2-4 weeks.
- Menadione (vitamin K3) may NOT be used
- Erythromycin Ophthalmic Ointment 0.5% (Ilotycin).
- AK-Mycin (and generics)
Topically: 1.0 cm (1/2 inch) ribbon in each lower conjunctiva
- Lidocaine (Xylocaine and generic) and Procaine (Novocaine and generic)
Tissue injection or gel for local anesthesia using the smallest dosage that will produce desired effects
- Topical Anesthetic Spray (i.e. Cetacaine)
Spray directly to area to be anesthetized. Do not exceed 2-second spray duration
- Topical Anesthetic Gel (i.e benzocaine)
- Rh Immune Globulin (RhoGAM, Gamulin Rh, BayRho-D, and others)
IM: 50 mcg (micrograms) prophylactically at 28 weeks or after miscarriage up to 12 weeks. IM: 300 mcg (micrograms) postpartum or after miscarriage beyond 13 weeks. **IM 300 mcg (micrograms) at 28 weeks after a 2nd or 3^d trimester abortion or loss and after birth. IM: 50 mcg (micrograms) prophylactically following a miscarriage up to 12 weeks.**

CORE CURRICULUM FOR PHARMACOLOGY

(continued: page 2 of 2)

Dosage Guidelines (continued)

- Sterile Water Papules
Intradermal use as a local anesthetic
- Oxygen
For resuscitation

Standards for Instructors

- *Licensed Pharmacist - (not limited to Oregon Licensure)*
- *Licensed Midwife*
- *Licensed RN*
- *Licensed Physician -MD, DO, ND*
- *Physician Assistant*

Resources

- *Current Edition of the following:*
- **Pharmacology for Midwives by Jane Poznar, RPh**
- *Physicians Desk Reference - 55th Edition by Mukesh Mehta*
- *Drug Topics; Facts and Comparisons by Editorial Board*

CORE CURRICULUM FOR ADMINISTRATION OF MEDICATIONS THROUGH INJECTION

Objectives

- | | |
|---|--|
| <ul style="list-style-type: none"> ➤ Describe and utilize universal precautions when administering medications, including: <ul style="list-style-type: none"> ✓ Gloving ✓ Discuss latex allergies including: <ul style="list-style-type: none"> • What is latex • How use of powder is involved in allergies • Risk factors and risk groups • Types of allergic reactions with signs and symptoms • Diagnosis • Treatment • Steps for reducing latex allergy ✓ Eye protection ✓ Safety equipment ✓ Appropriate disposal of sharps ✓ List equipment needed for medication administration: <ul style="list-style-type: none"> ✓ Needles – size (length and bore) ✓ Filter Needles (for use with glass ampules) ✓ Syringes - sizes, “luer” locks ✓ Skin surface disinfectants -alcohol, povidone iodine ✓ Medication containers: <ul style="list-style-type: none"> • Glass ampules • Multidos e container • Single use vials <p>Describe and identify limits and special circumstances working with legend drugs and devices in a home or birth center setting.</p> | <ul style="list-style-type: none"> ✓ Differentiate intradermal, subcutaneous, intramuscular and I.V. medication administration sites. ✓ Differentiate between I.M. injection technique and dose for newborn and adult. ✓ List appropriate sites for medication injection ✓ Explain the "three point check" technique and when to perform: <ul style="list-style-type: none"> ✓ Date on medication (not expired), type, dosage; ✓ Repeat after drawing up medication; and ✓ Repeat after administering medication and chart. ➤ List steps for administering drug IM ➤ List steps for administering drug SQ ➤ Explain appropriate care of equipment used in administering medications ➤ Demonstrate use of filter needle with glass ampule ➤ Demonstrate use of multi-dose vial ➤ Demonstrate I.M. injection ➤ Demonstrate subcutaneous injection ➤ Demonstrate administration of sterile water papules ➤ Demonstrations do not have to be on live models ➤ Demonstrate use of prefilled syringes |
|---|--|

Dosage Guidelines

- See Pharmacology Curriculum

Standards for Instructors

- Licensed Midwife
- Licensed RN
- Licensed Physician -MD, DO, ND
- Certified Paramedic
- Physician Assistant

Resources

- Current Editions of the following:
 - ✓ Pocket Guide to Basic Skills and Procedures Anne Griffin Perry and Patricia A. Potter, 1998
 - ✓ Training Curriculum - OSHA Bloodborne Pathogens, KH West, 1992

CORE CURRICULUM FOR TREATMENT OF SHOCK

Objectives

- | | |
|--|--|
| <ul style="list-style-type: none"> ➤ Define Shock. ➤ Identify pathophysiology of shock. ➤ List and explain four cellular phases of shock. ➤ List four types of shock. ➤ Explain three stages of shock. ➤ List signs and symptoms of shock. ➤ Describe how to assess a patient in shock: <ul style="list-style-type: none"> ✓ Define "primary survey" and list its three components; ✓ Define "secondary survey" and list its two components; and ✓ List locations of palpating a pulse. | <ul style="list-style-type: none"> ➤ List three levels of care in the resuscitation of a patient in shock. ➤ Demonstrate special positioning needs when treating pregnant women for shock and explain rationale and physiology. ➤ Reasons for using I.V. therapy including treatment of shock, dehydration, clinical exhaustion, hyperemesis. |
|--|--|

Dosage Guidelines

- IV Fluid Types
 - ✓ 0.9% Saline Solution
 - ✓ Lactated Ringers Solution
 - ✓ D5LR
 - ✓ D5W
- Oxygen

Standards for Instructors

- Licensed Midwife
- Licensed RN
- Licensed Physician - MD, DO, ND
- Certified Paramedic
- Physician Assistant

Resources

- Practical Skills Guide for Midwifery – current edition, Pam Weaver and Sharon K. Evans, 2001
- Advanced Emergency Care by Shirley Jones, Al Weigel, Roger White, Norman McSwain and Marty Breiter. Published by Lippincott Williams and Wilkins.
- Holistic Midwifery II: Care During Labor and Birth by Anne Frye – current edition

CORE CURRICULUM FOR I.V. THERAPY

Objectives

- | | |
|---|---|
| <ul style="list-style-type: none"> ➤ Reasons for using I.V. therapy including treatment of shock, dehydration, clinical exhaustion, hyperemesis. ➤ List necessary equipment and supplies for administration of I.V. fluids ➤ Explain appropriate care of equipment and supplies used in I.V. administration ➤ List and explain appropriate use of I.V. solutions approved in OAR ➤ Explain and describe rectal administration of I.V. fluids ➤ Explain in detail the appropriate procedure for administration of I.V. fluids ➤ Explain the difference between isotonic, hypertonic, and hypotonic solutions ➤ Describe appropriate flow rates for I.V. administration ➤ List reasons why I.V. flow can be impeded ➤ Identify s/s of I.V. failure (infiltration) ➤ Describe and identify limits and special circumstances working with legend drugs and devices in a home or birth center settings. | <ul style="list-style-type: none"> ➤ List dangers of inappropriately placed or maintained I.V. ➤ List risks associated with I.V. therapy ➤ Identify appropriate antihemorrhagic medication for use in an I.V. solution ➤ List three aspects of I.V. fluid to check before administration ➤ List actions the midwife can take to prevent infection when administering or changing an I.V. ➤ Demonstrate on live model non-invasive treatment including appropriate positioning for shock ➤ Demonstrate, on mannequin, appropriate steps for administering an I.V. ➤ Demonstrate how to change-out a bag of I.V. fluid ➤ Demonstrate, on live model, correct administration and discontinuation of four I.V.'s |
|---|---|

Dosage Guidelines

- IV Fluid Types
 - ✓ 0.9% Saline Solution;
 - ✓ Lactated Ringers Solution;
 - ✓ D5LR; and
 - ✓ D5W.

Standards for Instructors

- Licensed Midwife;
- Licensed RN;
- Licensed Physician - MD, DO, ND;
- Certified Paramedic; or
- Physician Assistant.

Resources

- Current Editions of the following:
 - ✓ Practical Skills Guide for Midwifery, Pam Weaver and Sharon K. Evans;
 - ✓ Advanced Emergency Care by Shirley Jones, Al Weigel, Roger White, Norman McSwain and Marty Breiter. Published by Lippincott Williams and Wilkins;
 - ✓ Holistic Midwifery II: Care During Labor and Birth by Anne Frye – current edition.

CORE CURRICULUM FOR NEONATAL RESUSCITATION
 (Page 1 of 3)

Objectives

- | | |
|---|---|
| <ul style="list-style-type: none"> ➤ Explain O₂ concentrations from room air (21%), mouth to mouth (16%) and oxygen supply and source (50-100%). ➤ Discuss the relationship between oxygen concentration and heart pump efficiency (as CPR is 2/3 less efficient than a healthy beating heart, oxygen requirements increase). ➤ Explain the difference between oxygen cylinder types: <ul style="list-style-type: none"> ✓ “D” (350 liter) vs. “E” (625 liter) ; and ✓ Aluminum vs. stainless steel. ➤ List safety precautions when working with oxygen, including use of cylinder stands. ➤ Explain the role of the pressure regulator and the flow meter. ➤ Discuss types of O₂ delivery devices and when they are used including: <ul style="list-style-type: none"> ✓ Nasal cannula; and ✓ Non-rebreather mask ➤ Explain recommended flow rates for the different delivery devices, and the resulting percent of oxygen delivered. ➤ Explain types and care of Positive Pressure Ventilation (PPV) devices/ambu bags in resuscitation. ➤ Demonstrate use of PPV devices/ambu bags including: <ul style="list-style-type: none"> ✓ Safety check; ✓ Attaching tubing; and ✓ Attaching mask. ➤ Demonstrate use of BVM (bag/valve/mask) in resuscitation. ➤ List items to include on a neonatal resuscitation equipment tray. ➤ Demonstrate preparation of newborn resuscitation tray. ➤ Describe the anatomy and physiology of the human airway including alveoli circulation. ➤ List the four steps of neonatal transition when cord is not cut: <ul style="list-style-type: none"> ✓ Blood into alveoli arterioles; ✓ Draws fluid into alveoli; ✓ Air into alveoli; and ✓ Ductus arteriosus close. ➤ Explain how neonatal transition differs with immediate cord amputation versus delayed cord cutting. ➤ Describe the normal stress response in fetus’ and newborns, and its impact on transition. ➤ Explain the pathophysiology of asphyxia, including primary and secondary (terminal) apnea. ➤ Describe the physiology behind the technique of delayed cord clamping in the immediate post-partum. ➤ Explain the benefits and risks of delayed cord clamping in neonatal resuscitation. | <ul style="list-style-type: none"> ➤ List two ways to administer free-flow oxygen: <ul style="list-style-type: none"> ✓ loose mask; and ✓ cupped hand. ➤ List two places to check for heart rate on a newborn: <ul style="list-style-type: none"> ✓ umbilicus; and ✓ directly over heart. ➤ Describe how to assess heart rate in a depressed newborn (6 sec x 10). ➤ List five clinical findings of a compromised newborn: <ul style="list-style-type: none"> ✓ cyanosis due to insufficient oxygen in blood; ✓ bradycardia due to insufficient oxygen delivery to the heart muscle or brain stem; ✓ low blood pressure due to insufficient blood to the heart, to blood loss, or to insufficient blood return from the placenta before or during birth; ✓ depression of respiratory drive due to insufficient oxygen delivery to the brain; and ✓ poor muscle tone due to insufficient oxygen delivery to brain and muscles. ➤ List three criteria for a “vigorous” newborn: <ul style="list-style-type: none"> ✓ strong respiratory efforts; ✓ good muscle tone; and ✓ heart rate greater than 100 beats per minute. ➤ List five appropriate ways to stimulate a newborn: <ul style="list-style-type: none"> ✓ Drying; ✓ postural draining; ✓ suctioning; ✓ gently rub back, trunk, extremities; and ✓ rub/slap/flick soles of feet. ➤ List inappropriate ways to stimulate a newborn and risks: <ul style="list-style-type: none"> ✓ squeezing the rib cage – fractures, pneumothorax, RDS, death; ✓ slapping the back – bruising; ✓ forcing thighs on abdomen – rupture liver or spleen; ✓ dilating anal sphincter – tear sphincter; ✓ use hot or cold compresses – hyperthermia, hypothermia, burns; or ✓ shaking – brain damage ➤ Explain the “Resuscitation Flow Diagram” ➤ Assess and safety check equipment used for newborn resuscitation including: <ul style="list-style-type: none"> ✓ self inflating PPV; ✓ newborn sized masks; ✓ resuscitation tray; ✓ suction devices; ✓ oxygen tank and regulator; and ✓ orogastric tube. ➤ Explain the difference between a “flow-inflating” and “self-inflating” resuscitation bag. |
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CORE CURRICULUM FOR NEONATAL RESUSCITATION

(continued: page 2 of 3)

Objectives (continued)

- Explain and demonstrate:
 - ✓ Where to place newborn relative to mother;
 - ✓ What to use as a hard surface during resuscitation;
 - ✓ How to keep the newborn warm during resuscitation;
 - ✓ When to cut the cord during resuscitation;
 - ✓ Where on the cord to cut to create an optimal cord length;
 - ✓ How to position a newborn for resuscitation;
 - ✓ How to assess for breathing and normal circulation;
 - ✓ How to choose the correct mask size for the newborn requiring resuscitation;
 - ✓ How to position the mask correctly on a newborn;
 - ✓ When/how to administer free flow oxygen to a newborn using bag & mask; and
 - ✓ How to "heat" oxygen when administering (through use of long tubing).
 - Explain and demonstrate:
 - ✓ What to do during the first 30 seconds after every birth (second listing, proper place);
 - ✓ Assess for:
 - Pink color on trunk?
 - Breathing or crying?
 - Good muscle tone?
 - Term gestation?
 - Clear of meconium?
 - ✓ If no to any, then:
 - provide warmth;
 - postural drainage;
 - dry baby;
 - stimulate baby gently;
 - talk to baby;
 - clear airway if needed;
 - blow-by oxygen if needed; and
 - keep cord intact, baby lower than mother.
 - Explain and demonstrate:
 - ✓ When to start rescue breathing for a newborn:
 - Chest color not pink;
 - Heart rate <100 bpm; or
 - Lack of respirations or rr <30.
 - ✓ How to open an airway;
 - ✓ How to suction using a:
 - Bulb syringe;
 - DeLee suction device; and
 - Res-Q-Vac;
 - ✓ How to provide mouth-to-mouth and mouth-to-barrier ventilation;
 - ✓ How to provide "Inflation" breaths, including rate and depth of breaths;
 - ✓ Difference between "Inflation" and "Ventilation" breaths;
 - ✓ How to provide "Ventilation" breaths;
 - ✓ How to use a PPV device with and without oxygen hook-up;
 - ✓ How and when to use an orogastric tube;
 - ✓ How to assess when positive pressure ventilation can be discontinued; and
 - ✓ Appropriate steps to newborn resuscitation (excluding compressions) using 30-6-30-6-30-6 timeframe.
- Explain when to utilize chest compressions in neonatal resuscitation.
 - Explain and demonstrate:
 - ✓ How to assess for heartbeat using cord pulse;
 - ✓ How to administer chest compressions;
 - ✓ How to coordinate chest compressions with positive-pressure ventilation;
 - ✓ When to stop chest compressions in order to assess;
 - ✓ How to monitor infant after cessation of chest compressions;
 - ✓ When to resume chest compressions and how long to continue; and
 - ✓ When to call 911.
 - Explain two options for finger position when administering chest compressions, with pros and cons:
 - ✓ thumb technique; and
 - ✓ two-finger technique.
 - Demonstrate the two options for finger positioning when administering chest compressions.
 - List potential dangers associated with administering chest compressions:
 - ✓ damage heart;
 - ✓ puncture lung;
 - ✓ fracture rib; or
 - ✓ laceration of liver by xiphoid process.
 - Discuss management of the newborn with meconium in the amniotic fluid:
 - ✓ if baby is not vigorous; and
 - ✓ if baby is vigorous.
 - Explain why out of hospital midwives do not provide newborn endotracheal intubation.
 - Demonstrate appropriate steps to newborn resuscitation in sequence including chest compressions.
 - Discuss benefits of using room air instead of 100% oxygen in resuscitating a newborn.
 - Explain how long room air should be used in neonatal resuscitation before switching to 100% oxygen (no longer than 90 seconds of ventilation).
 - Demonstrate use of PPV device/ambu bag without 100% oxygen.
 - Demonstrate full neonatal cardiopulmonary resuscitation technique on a mannequin.
 - Demonstrate full neonatal cardiopulmonary resuscitation technique on a mannequin in an exam setting.
 - Demonstrate knowledge of neonatal resuscitation through successful completion of a written exam on neonatal resuscitation.
 - Describe the follow-up care in the first few hours following neonatal resuscitation of an infant whose Apgar score is less than seven at five minutes including assessing for hypoglycemia.

CORE CURRICULUM FOR NEONATAL RESUSCITATION

(continued: page 3 of 3)

Dosage Guidelines

- None

Standards for Instructors

- American Heart Association / American Academy of Pediatrics Neonatal Resuscitation Program Certified Instructor; or
- Instructor approved by the Board of Direct Entry Midwifery

Resources

- Current Editions of the following:
 - ✓ Neonatal Resuscitation Textbook, American Heart Association and American Academy of Pediatrics.

CORE CURRICULUM FOR SUTURING

Objectives

- | | |
|--|---|
| <ul style="list-style-type: none"> ➤ Explain basic female pelvic floor and genital anatomy ➤ List methods for preventing perineal damage ➤ Define degrees of perineal damage ➤ Explain steps to evaluate pelvic floor and genital area for damage following birth. Identify circumstances when perineal damage may not require repair ➤ Discuss steps to take if a woman declines -repair ➤ List types of perineal damage which requires referral for repair ➤ Explain the consequences of a poorly done repair to a woman's health ➤ Discuss pros and cons of two forms of local anesthetic <ul style="list-style-type: none"> ✓ Amide vs. ester based ➤ Discuss use of epinephrine in local anesthetic – pros and cons ➤ Explain use of approved local anesthetics, including route of administration ➤ List equipment needed to effect repair of 1st degree, 2nd degree, 3rd degree and labial lacerations ➤ Explain differences between synthetic and organic suture ➤ Explain differences in needle size and cutting edge and most appropriate use of each <ul style="list-style-type: none"> ✓ Taper ✓ Cutting ✓ Taper-cutting | <ul style="list-style-type: none"> ➤ Discuss which instruments are needed for perineal repair, including sizes and styles of needle holders, clamps, forceps and scissors ➤ Explain special techniques for working with curved needles ➤ Demonstrate correct use of needle holder to make an instrument tie ➤ Discuss pros and cons of instrument ties ➤ Demonstrate dual instrument suturing techniques and other practitioner safety techniques ➤ Discuss pros and cons of hand ties ➤ Demonstrate hand tie suturing techniques and other practitioner safety techniques ➤ Demonstrate four basic stitches <ul style="list-style-type: none"> ✓ Interrupted ✓ Basting ✓ Lock blanket ✓ Running mattress ➤ List steps for 1st degree repair ➤ List steps for 2nd degree repair ➤ List steps for 3rd degree repair ➤ List steps for labial repair ➤ Explain how to maintain aseptic technique while suturing ➤ Discuss appropriate disposal of repair waste, including sharps ➤ Discuss pros and cons of subcuticular closure in perineal repair |
|--|---|

Dosage Guidelines

- None

Standards for Instructors

All instructors must have training relevant to course

- Licensed Midwife
- Licensed Physician - MD, DO, ND
- Physician Assistant

Resources

- Current Editions of the following:
 - ✓ Healing Passage: a Midwife's Guide to the Care and Repair of the Tissues Involved in Birth, Anne Frye
 - ✓ Practical Skills Guide for Midwifery, Pam Weaver and Sharon K. Evans

**DIRECT ENTRY MIDWIFERY
LEGEND DRUGS
AND DEVICES**

***INITIAL EDUCATION
EXAMINATION***



HEALTH LICENSING OFFICE

Board of Direct Entry Midwifery

700 Summer St. NE, Suite 320, Salem, OR, 97301

Phone: 503-378-8667 | Fax: 503-370-9004

www.oregon.gov/oha/hlo | Email: hlo.info@state.or.us

Requirements for Initial Legend Drugs and Devices Course Completion

Notification of the candidate’s completion of each course component within the legend drugs and devices curriculum must be recorded in the “course completion” column of the original transcript.

To obtain course completion candidates must:

- Obtain a minimum score of 80 percent in each component of the written examination, and
- Successfully complete all required skill demonstrations.

The instructor has the option of using their own written examination covering all course components listed within the legend drugs and devices curriculum, or using the following examples.

Course Components	Initial Skill Demonstration
Administration of Medications through injections	Use of universal precautions
	Drawing up medication from: <ul style="list-style-type: none"> ◆ Glass ampules (use of filter needle) ◆ Multi-dose containers ◆ Single use vials
	Proper steps for administering medications: <ul style="list-style-type: none"> ◆ I/M ◆ Intradermal ◆ Subcutaneous
	Proper steps for administering sterile water papules:
I.V. Therapy	Use of universal precautions
	A minimum of four attempts, with a minimum of two successful, starts and discontinuations of I.V. Therapy.
Neonatal Resuscitation	American Heart Association or American Academy of Pediatrics Neonatal Resuscitation Program skills demonstration requirements to obtain certification including the addition of midwifery based skills covered in the initial legend drugs and devices curriculum
Suturing	Use of universal precautions
	Creating and maintaining a sterile field
	Demonstrate dual instrument suturing technique for a 2 nd degree tear.
	Demonstrate four basic stitches
	Demonstrate an instrument tie
	Demonstrate a hand tie

EXAMPLE GRADING FORMS

The following are intended as
guidelines for a
comprehensive written
examination

PHARMACOLOGY

100 possible points (%). Candidate must score a minimum of 80 points (%) to pass course.

Candidate Name: _____

Date: _____

Candidate Performance Standards	Points Possible	Points Awarded
<i>Defining a Drug</i>	5	
<i>Distinguishing "Legend Drugs and Devices" from Other Types</i>	5	
<i>Defining and Explanation of the Following:</i> <ul style="list-style-type: none"> ➤ Action and Effect ➤ Adverse Reactions ➤ Agonists and Antagonists ➤ Tolerance ➤ Interactions ➤ Placebo Effects ➤ Compliance 	5	
<i>Discussing Various Routes of Administration</i>	5	
<i>Explaining Placental Transfer of Medication to the Fetus</i>	5	
<i>Explaining How a Drug Moves Through the Body:</i> <ul style="list-style-type: none"> ➤ Absorption Rate ➤ Metabolism ➤ Excretion 	5	
<i>Explanation & Discussion of the following:</i> <ul style="list-style-type: none"> ➤ Mechanism of Pharmacological Action ➤ Indications ➤ Therapeutic Effects ➤ Side Effects / Adverse Reactions ➤ Contraindications ➤ Incompatibilities / Drug Interactions ➤ Administration Including <ul style="list-style-type: none"> ✓ Dosage ✓ Dosage Form & Packaging ✓ Onset of Action ✓ Peak Effect ✓ Duration of Action / Half-Life 	50	
<i>Storage and Security</i>	5	
<i>Charting the Use of Authorized Legend Drugs and Devices</i>	5	
<i>Devising a System for Tracking Legend Drugs and Devices in a Home-Based Midwifery Practice, Including Expiration Dates</i>	5	
<i>Demonstration of resource use - i.e. the Physicians Desk Reference & Sanford Guide to Anti-microbial Therapy</i>	5	
POINTS SCORED	100	
TOTAL PERCENT AWARDED	100%	

Instructors Initials: _____

ADMINISTRATION OF MEDICATIONS THROUGH INJECTION

100 possible points (%). Candidate must score a minimum of 80 points (%) to pass course.

Candidate Name: _____

Date: _____

Candidate Performance Standards	Points Possible	Points Awarded
<i>Describing & Using Universal Precautions when Administering Medications, including:</i> <ul style="list-style-type: none"> ➤ Gloving ➤ Eye Protection ➤ Safety Equipment ➤ Appropriate Disposal of Sharps 	30	
<i>Listing Administration Equipment, including:</i> <ul style="list-style-type: none"> ➤ Needles - size (length & bore) ➤ Filter Needles (use with glass ampules) ➤ Syringes - sizes, "leur" locks ➤ Skin Surface Disinfectants - alcohol, povidone iodine ➤ Medication Containers (glass ampules, multi-dose containers, single use vials, etc.) 	20	
<i>Differentiation of Medication Administration Sites (subcutaneous, intra-muscular and I.V.)</i>	15	
<i>Listing Appropriate Sites for Medication Injection</i>	10	
<i>Explaining the "Three Point Check" Technique:</i> <ul style="list-style-type: none"> ➤ Date on Medication (not expired), type, dosage ➤ Repeat After Drawing up Medication ➤ Repeat After Administering Medication and Chart 	10	
<i>Listing Steps for Administering Drug - IM</i>	5	
<i>Listing Steps for Administering Drug - SQ</i>	5	
<i>Explaining Appropriate Care of Equipment Used in Administering Medications</i>	5	
POINTS SCORED	100	
TOTAL PERCENT AWARDED	100%	

Instructors Initials: _____

TREATMENT OF SHOCK

100 possible points (%). Candidate must score a minimum of 80 points (%) to pass course.

Candidate Name: _____

Date: _____

Candidate Performance Standards	Points Possible	Points Awarded
<i>Defining Shock</i>	10	
<i>Identifying Pathophysiology of Shock</i>	5	
<i>Listing and Explaining Four Cellular Phases of Shock</i>	5	
<i>Listing Types of Shock</i>	5	
<i>Explaining Three Stages of Shock</i>	10	
<i>Describing How to Assess a Patient in Shock:</i> ➤ Defining "Primary Survey" and listing its three components ➤ Defining "Secondary Survey" and listing its two components	10	
<i>Listing Two Steps to Resuscitate a Patient in Shock:</i> ➤ Basic Life Support: position, warmth, oxygen therapy, CPR ➤ I.V. Fluid Therapy	10	
<i>Reasons for Using I.V. Therapy</i>	5	
<i>Listing Necessary Equipment for Administration of I.V. Fluids</i>	5	
<i>Explaining Appropriate Care of Equipment Used in I.V. Administration</i>	5	
<i>Detailing the Appropriate Procedure for Administration of I.V. Fluids</i>	10	
<i>Describing Appropriate Flow Rates for I.V. Administration</i>	5	
<i>Identifying S/S of I.V. Failure (infiltration)</i>	5	
<i>Listing Dangers of Inappropriately Placed or Maintained I.V.</i>	5	
<i>Identifying Appropriate Anti-hemorrhagic Medication</i>	5	
POINTS SCORED	100	
TOTAL PERCENT AWARDED	100%	

Instructors Initials: _____

I.V. THERAPY

100 possible points (%). Candidate must score a minimum of 80 points (%) to pass course.

Candidate Name: _____

Date: _____

Candidate Performance Standards	Points Possible	Points Awarded
<i>Reasons for Using I.V. Therapy</i>	10	
<i>Listing Necessary Equipment for Administration of I.V. Fluids</i>	10	
<i>Explaining Appropriate Care of Equipment Used in I.V. Administration</i>	10	
<i>Detailing the Appropriate Procedure for Administration of I.V. Fluids</i>	10	
<i>Describing Appropriate Flow Rates for I.V. Administration</i>	10	
<i>Identifying and list S/S of I.V. Failure (infiltration) and Dangers of Inappropriately Placed or Maintained I.V.</i>	10	
<i>Identifying Appropriate Anti-hemorrhagic Medication</i>	10	
<i>Demonstrating Non-Invasive Treatment on Live Model, including:</i> <ul style="list-style-type: none"> ➤ Appropriate Positioning for Shock 	10	
<i>Demonstrating Appropriate Steps for Administering an I.V. on a Mannequin</i>	10	
<i>Demonstrating Correct Administration of an I.V. on a Live Model</i>	10	
POINTS SCORED	100	
TOTAL PERCENT AWARDED	100%	

Instructors Initials: _____

SUTURING

100 possible points (%). Candidate must score a minimum of 80 points (%) to pass course.

Candidate Name: _____

Date: _____

Candidate Performance Standards	Points Possible	Points Awarded
<i>Explaining Basic Female Genital Anatomy</i>	5	
<i>Listing Methods for Preventing Perineal Damage</i>	5	
<i>Defining Degrees of Perineal Damage</i>	5	
<i>Explaining Steps to Evaluate Genitals for Damage Postpartum</i>	5	
<i>Explaining When Perineal Damage may Not Require a Repair</i>	5	
<i>Discussing Steps to Take if a Woman Refuses Repair</i>	5	
<i>Listing Types of Perineal Damage Which Requires Referral for Repair</i>	5	
<i>Explaining Risks of Poorly Done Repair to Women's Health</i>	5	
<i>Discussing Pros & Cons of Two Forms of Local Anesthetic:</i> <ul style="list-style-type: none"> ➤ Amide vs. Ester Based 	5	
<i>Discussing Pros & Cons of Using Epinephrine in Local Anesthetic</i>	5	
<i>Explaining Preferred Use of Two Local Anesthetics, including route of administration:</i> <ul style="list-style-type: none"> ➤ Xylocaine (Lidocaine Hydrochloride) and Benzocaine (Cetacaine) 	5	
<i>Listing Equipment Needed to Effect Repair of 1st Degree, 2nd Degree, 3^d Degree and Labial Lacerations</i>	5	
<i>Explaining Differences Between Synthetic and Organic Suture</i>	5	
<i>Explaining Differences in Needle Size and Cutting Edge and Most Appropriate Use of Each:</i> <ul style="list-style-type: none"> ➤ Taper ➤ Cutting ➤ Taper-Cutting 	4	
<i>Discussing Which Instruments are Needed for Perineal Repair, including: Sizes, styles of needle holders, clamps, forceps and scissors</i>	3	
<i>Explaining Special Techniques for Working with Curved Needles</i>	3	
<i>Demonstrating Correct Use of Needle Holder to Make an Instrument Tie</i>	3	
<i>Discussing Pros & Cons of Hand Ties</i>	3	
<i>Demonstrating Four Basic Stitches:</i> <ul style="list-style-type: none"> ➤ Interrupted ➤ Basting ➤ Lock Blanket ➤ Running Mattress 	3	
<i>Listing Steps for 1st and 2nd Degree Repair</i>	3	
<i>Listing Steps for 3^d Degree Repair</i>	3	
<i>Listing Steps for Labial Repair</i>	3	
<i>Explaining How to Maintain Aseptic Technique While Suturing</i>	3	
<i>Discussing Appropriate Disposal of Repair Waste, including sharps</i>	2	
<i>Discussing Pros & Cons of Subcuticular Closure in Perineal Repair</i>	2	
POINTS SCORED	100	
TOTAL PERCENT AWARDED	100%	

Instructors Initials: _____

NEONATAL RESUSCITATION (1 OF 3)

100 possible points (%). Candidate must score a minimum of 80 points (%) to pass course.

Candidate Name: _____

Date: _____

Candidate Performance Standards	Points Possible	Points Awarded
<ul style="list-style-type: none"> ➤ Explain O₂ concentrations from room air (21%) mouth to mouth (16%) and oxygen supply and source (50-100%) ➤ Discuss the relationship between oxygen concentration and heart pump efficiency. ➤ Explain differences between a “D” and an “E” cylinder. Aluminum and Stainless Steel. ➤ List safety precautions when working with oxygen, including use of cylinder stands. ➤ Explain the pressure regulator and flow meter. ➤ Explain and discuss types of o₂ delivery devices and the resulting percent of oxygen delivered. 	10	
<ul style="list-style-type: none"> ➤ Explain types and care of PPV devices/ambu bags in resuscitation. ➤ Demonstrate use of PPV devices/ambu bags including: <ul style="list-style-type: none"> ✓ Safety check ✓ Attaching tubing ✓ Attaching mask ➤ Demonstrate use of BVM in resuscitation 	5	
<ul style="list-style-type: none"> ➤ List items to include on a neonatal resuscitation equipment tray ➤ Demonstrate preparation of newborn resuscitation equipment tray 	5	
<ul style="list-style-type: none"> ➤ Describe the anatomy and physiology of the human airway including alveoli circulation ➤ List the four steps of neonatal transition when the cord is not cut ➤ Explain how neonatal transition differs with immediate cord amputation versus delayed cord cutting ➤ Describe the normal fetal and newborn stress response and its impact on transition ➤ Explain the physiology behind the technique of delayed cord clamping in the immediate postpartum 	5	
<ul style="list-style-type: none"> ➤ List two ways to administer free-flow oxygen ➤ List two places to check for heart rate on a newborn ➤ Describe how to assess heart rate in a depressed newborn ➤ List five clinical findings of a compromised newborn ➤ List three criteria for a “vigorous” newborn ➤ List five appropriate ways to stimulate a newborn ➤ List at least six inappropriate ways to stimulate a newborn and risks 	10	
<ul style="list-style-type: none"> ➤ Explain the “Resuscitation Flow Diagram” ➤ Assess and safety check equipment used for newborn resuscitation including: <ul style="list-style-type: none"> ✓ self inflating PPV ✓ newborn sized masks ✓ resuscitation tray ✓ suction devices ✓ oxygen tank and regulator ✓ orogastric tube ➤ Explain the difference between a “flow-inflating” and “self-inflating” resuscitation bag 	5	

NEONATAL RESUSCITATION (CONTINUED: 2 OF 3)

100 possible points (%). Candidate must score a minimum of 80 points (%) to pass course.

Candidate Name:	Date:	
<ul style="list-style-type: none"> ➤ Explain and demonstrate: ➤ Where to place newborn relative to mother ➤ What to use as a hard surface during resuscitation ➤ How to keep the newborn warm during resuscitation ➤ When to cut the cord during resuscitation ➤ Where on the cord to cut to create an optimal cord length ➤ How to position a newborn for resuscitation ➤ How to assess for breathing and normal circulation ➤ How to choose the correct mask size for the newborn requiring resuscitation ➤ How to position the mask correctly on a newborn ➤ When/how to administer free flow oxygen to a newborn using bag & mask ➤ How to warm oxygen when administering. 	10	
<ul style="list-style-type: none"> ➤ Explain and demonstrate: <ul style="list-style-type: none"> ✓ What to do in the first 30 seconds after every birth. ✓ What five things do you assess for ➤ If no to any of the five things, explain and demonstrate what eight things to do next. 	10	
<ul style="list-style-type: none"> ➤ Explain and demonstrate: <ul style="list-style-type: none"> ✓ When to start rescue breathing for a newborn. ➤ How to open an airway ➤ How to suction using a: <ul style="list-style-type: none"> ✓ Bulb syringe ✓ DeLee suction device ✓ Res-Q-Vac ➤ How to provide mouth-to-mouth and mouth-to-barrier breaths ➤ How to provide "Inflation" breaths, including rate and depth of breaths ➤ Difference between Inflation and Ventilation breaths ➤ How to provide Ventilation breaths ➤ How to use a PPV device with and without oxygen hook-up ➤ How and when to use an orogastric tube ➤ List four signs that neonatal condition is improving ➤ How to assess when positive pressure ventilation can be discontinued ➤ Appropriate steps to newborn resuscitation (excluding compressions) 	5	
<ul style="list-style-type: none"> ➤ Explain when to utilize chest compressions in neonatal resuscitation ➤ Explain and demonstrate; <ul style="list-style-type: none"> ✓ How to assess for heartbeat using cord pulse ✓ How to administer chest compressions ✓ How to coordinate chest compressions with positive-pressure ventilation ✓ When to stop chest compressions in order to assess ➤ How to monitor infant after cessation of chest compressions ➤ When to resume chest compressions and how long to continue ➤ When to call 911 ➤ Explain and demonstrate two options for finger position when administering chest compressions, with pros and cons ➤ List potential dangers associated with administering chest compressions (at least four) 	5	
<ul style="list-style-type: none"> ➤ Demonstrate appropriate steps to newborn resuscitation in sequence including chest compressions 	5	

NEONATAL RESUSCITATION (CONTINUED: 3 OF 3)

100 possible points (%). Candidate must score a minimum of 80 points (%) to pass course.

Candidate Name:

Date:

<ul style="list-style-type: none"> ➤ Discuss benefits of using room air instead of 100% oxygen in resuscitating a newborn. ➤ Explain how long room air should be used in neonatal resuscitation before switching to 100% oxygen ➤ Demonstrate use of PPV device/ambu bag without 100% oxygen 	5	
<ul style="list-style-type: none"> ➤ Demonstrate full neonatal cardiopulmonary resuscitation technique on a mannequin in an exam setting. 	10	
<ul style="list-style-type: none"> ➤ Demonstrate knowledge of neonatal resuscitation through successful completion of a written exam. 	5	
<ul style="list-style-type: none"> ➤ Describe the follow-up care in the first few hours following neonatal resuscitation of an infant whose Apgar score is less than seven at five minutes including assessing for hypoglycemia. 	5	
POINTS SCORED	100	
TOTAL PERCENT AWARDED	100%	

Subsequent Renewal Legend Drugs & Devices

**DIRECT ENTRY MIDWIFERY
LEGEND DRUGS
AND DEVICES**

***CONTINUING EDUCATION
(RENEWAL)***



**HEALTH LICENSING OFFICE
Board of Direct Entry Midwifery**

700 Summer St. NE, Suite 320, Salem, OR, 97301

Phone: 503-378-8667 | Fax: 503-370-9004

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***LEGEND DRUGS AND DEVICES
 CONTINUING EDUCATION (Renewal)
 8.5 hours***

The Renewal **Legend Drugs and Devices Continuing Education** Program shall consist of 8.5 total hours of instruction in the following: 1 hour - Pharmacology; .5 hours - Administration of medications through injection; 1 hour - Treatment of shock; 3 hours I.V. Therapy; 3hours - Suturing. See core curriculum for learning objectives and other details.

Course / Description	Hours Required
PHARMACOLOGY:	1 hour
ADMINISTRATION OF MEDICATIONS THROUGH INJECTION:	.5 hour
TREATMENT OF SHOCK	1 hour
I.V. THERAPY	3 hours
SUTURING:	3 hours
TOTAL HOURS:	8.5 HOURS

In the continuing education course of study the candidate shall receive theory instruction, classroom instructor demonstrations and/or guided practical experience under the supervision of the authorized provider according to Oregon Administrative Rule 332-020-0010(1)(B). The amounts of time a candidate devotes to theory and practice are flexible provided the minimum hour requirements listed above are met.

In addition to the 8.5 hours of instruction, the course must include assessment of theory and skills.

**CORE CURRICULUM FOR PHARMACOLOGY
CONTINUING EDUCATION (Renewal)**
(page 1 of 2)

Objectives

- | | |
|---|--|
| <ul style="list-style-type: none"> ➤ For each of the legend drugs and devices authorized for use by LDMS, explain and discuss the following (see text for specifics): <ul style="list-style-type: none"> ✓ Mechanism of pharmacological action; ✓ Indications; ✓ Therapeutic effects; ✓ Side effects/adverse reactions; ✓ Contraindications; and ✓ Incompatibilities/drug interactions. | <ul style="list-style-type: none"> ➤ Administration including: <ul style="list-style-type: none"> ✓ Dosage; ✓ Dosage form and packaging; ✓ Onset of action; ✓ Peak effect; ✓ Duration of action/half-life; and ✓ Storage and security. ➤ Chart the use of authorized legend drugs and devices. ➤ Devise system for tracking legend drugs and devices in a home-based midwifery practice, including expiration dates. |
|---|--|

Dosage Guidelines

- Synthetic Oxytocin (Pitocin, Syntocin & Generic) IM: 10U (1ml), may repeat at 2 hour intervals as necessary to maintain uterine tone. IV: 10U (1ml) bolus, may add 10-20U (1-2ml) to 1000 ml IV fluid and infuse at rate necessary to maintain uterine tone
- Methylergonovine (Methergine)
IM: 0.2 mg (1 ml) repeat if necessary at 2 to 4 hour intervals
Oral: 0.2 - 0.4 mg (1 to 2 tablets) every 6 to 12 hours for up to 2 to 7 days
- Ergonovine (Ergotrate)
Oral: 0.2 - 0.4 mg (1 to 2 tablets) every 6 to 12 hours for up to 2 to 7 days
- Misoprostol (Cytotec)
600 mcg (micrograms) orally or rectally for management of postpartum hemorrhage only
- Epinephrine (Adrenalin, EpiPen, and generic) SQ: 0.2 mg - 0.3 mg of 1:1000 solution (0.2 ml to 0.3 ml) for rescue from anaphylactic reaction
- Vitamin K1 (Phytonadione) (injectable, generic; oral: Mephyton or generic) IM: .5 to 1.0 mg at birth: Oral: 1.25 mg to 2.5 mg (1/2 tablet crushed) at birth, repeating dose at one week, and at 2-4 weeks.
- Menadione (vitamin K3) may NOT be used
- Erythromycin Ophthalmic Ointment 0.5% (Ilotycin),
- AK-Mycin (and generics)
Topically: 1.0 cm (1/2 inch) ribbon in each lower conjunctiva
- Lidocaine (Xylocaine and generic) and Procaine (Novocaine and generic)
Tissue injection or gel for local anesthesia using the smallest dosage that will produce desired effects
- Topical Anesthetic Spray (i.e. Cetacaine)
Spray directly to area to be anesthetized. Do not exceed 2-second spray duration
- Topical Anesthetic Gel (i.e benzocaine)
- Rh Immune Globulin (RhoGAM, Gamulin Rh, BayRho-D, and others)
IM: 50 mcg(micrograms) prophylactically at 28 weeks or after miscarriage up to 12 weeks. IM: 300 mcg (micrograms) postpartum or after miscarriage beyond 13 weeks.
- Sterile Water Papules
Intradermal use as a local anesthetic
- Oxygen
For resuscitation

CORE CURRICULUM FOR PHARMACOLOGY
CONTINUING EDUCATION (continued: page 2 of 2)

Standards for Instructors

- *Licensed Pharmacist - (not limited to Oregon Licensure)*
- Licensed Midwife

Resources

- Current Edition of the following:
 - ✓ Pharmacology for Midwives by Jane Poznar, RPh
 - ✓ Physicians Desk Reference - 55th Edition by Mukesh Mehta
 - ✓ Drug Topics; Facts and Comparisons by Editorial Board

***CORE CURRICULUM FOR ADMINISTRATION OF MEDICATIONS
 THROUGH INJECTION CONTINUING EDUCATION
 (Renewal)***

Objectives

- | | |
|--|---|
| <ul style="list-style-type: none"> ➤ Describe and utilize universal precautions when administering medications, including: <ul style="list-style-type: none"> ✓ Gloving ➤ Discuss latex allergies including: <ul style="list-style-type: none"> ✓ What is latex ✓ How use of powder is involved in allergies ✓ Risk factors and risk groups ✓ Types of allergic reactions with signs and symptoms ✓ Diagnosis ✓ Treatment ✓ Steps for reducing latex allergy ✓ Eye protection ✓ Safety equipment ✓ Appropriate disposal of sharps ➤ List equipment needed for medication administration: <ul style="list-style-type: none"> ✓ Needles - size(length and bore); ✓ Filter Needles (for use with glass ampules); ✓ Syringes - sizes, "leur" locks; ✓ Skin surface disinfectants -alcohol, povidone iodine. | <ul style="list-style-type: none"> ➤ Medication containers: <ul style="list-style-type: none"> ✓ Glass ampules; ✓ Multidose container; and ✓ Single use vials. ➤ Differentiate intradermal, subcutaneous, intramuscular and I.V. medication administration sites. ➤ Differentiate between I.M. injection technique and dose for newborn and adult. ➤ List appropriate sites for medication injection. ➤ Explain the "three point check" technique and when to perform. <ol style="list-style-type: none"> 1. Date on medication (not expired), type, dosage 2. Repeat after drawing up medication 3. Repeat after administering medication and chart ➤ List steps for administering drug IM ➤ List steps for administering drug SQ ➤ Explain appropriate care of equipment used in administering medications ➤ Demonstrate use of filter needle with glass ampule ➤ Demonstrate I.M. injection ➤ Demonstrations do not have to be on live models |
|--|---|

Dosage Guidelines

- See Pharmacology Curriculum

Standards for Instructors

- Licensed Midwife
- Licensed RN
- Licensed Physician -MD, DO, ND
- Certified Paramedic
- Physician Assistant

Resources

- Current Editions of the following:
 - ✓ Pocket Guide to Basic Skills and Procedures; Anne Griffin Perry and Patricia A. Potter, 1998.
 - ✓ Training Curriculum - OSHA Bloodborne Pathogens, KH West, 1992.

CORE CURRICULUM FOR TREATMENT OF SHOCK AND I.V. THERAPY CONTINUING EDUCATION (Renewal)

Objectives

- | | |
|---|--|
| <ul style="list-style-type: none"> ➤ List signs and symptoms of shock ➤ Describe how to assess a patient in shock <ul style="list-style-type: none"> ✓ Define "primary survey" and list its three components ✓ Define "secondary survey" and list its two components ✓ List locations of palpating a pulse ➤ List three levels of care in the resuscitation of a patient in shock. ➤ Demonstrate special positioning needs when treating pregnant women for shock and explain rationale and physiology. ➤ Reasons for using I.V. therapy including treatment of shock, dehydration, clinical exhaustion, hyperemesis. ➤ List necessary equipment and supplies for administration of I.V. fluids. ➤ List and explain appropriate use of I.V. solutions approved in OAR. ➤ Explain and describe rectal administration of I.V. fluids. ➤ Explain in detail the appropriate procedure for administration of I.V. fluids. | <ul style="list-style-type: none"> ➤ Explain the difference between isotonic, hypertonic, and hypotonic solutions Describe appropriate flow rates for I.V. administration. ➤ List reasons why I.V. flow can be impeded. ➤ Identify s/s of I.V. failure (infiltration). ➤ List dangers of inappropriately placed or maintained I.V. ➤ List risks associated with I.V. therapy. ➤ Identify appropriate antihemorrhagic medication for use in an I.V. solution. ➤ List three aspects of I.V. fluid to check before administration. ➤ List actions the midwife can take to prevent infection when administering or changing an I.V. ➤ Demonstrate on live model non-invasive treatment including appropriate positioning for shock. ➤ Demonstrate, on mannequin, appropriate steps for administering an I.V. ➤ Demonstrate how to change-out a bag of I.V. fluid. ➤ Demonstrate, on live model, correct administration and discontinuation of one I.V. |
|---|--|

Dosage Guidelines

- IV Fluid Types
 - ✓ 0.9% Saline Solution
 - ✓ Lactated Ringers Solution
 - ✓ D5LR
 - ✓ D5W
- Oxygen

Standards for Instructors

- Licensed Midwife
- Licensed RN
- Licensed Physician - MD, DO, ND
- Certified Paramedic
- Physician Assistant

Resources

- Practical Skills Guide for Midwifery – current edition, Pam Weaver and Sharon K. Evans, 2001.
- Advanced Emergency Care by Shirley Jones, Al Weigel, Roger White, Norman McSwain and Marty Breiter. Published by Lippincott Williams and Wilkins.
- Holistic Midwifery II: Care During Labor and Birth by Anne Frye – current edition.

CORE CURRICULUM FOR SUTURING CONTINUING EDUCATION (Renewal)

Objectives

- | | |
|--|--|
| <ul style="list-style-type: none"> ➤ Review female pelvic floor and genital anatomy. ➤ Define degrees of perineal damage. ➤ Explain steps to evaluate pelvic floor and genitals area for damage following birth. ➤ Identify circumstances when perineal damage may not require repair. ➤ Discuss steps to take if a woman refuses repair. ➤ List types of perineal damage which requires referral for repair. ➤ Explain the consequences of a poorly done repair to a woman's health. ➤ Discuss pros and cons of two forms of local anesthetic: <ul style="list-style-type: none"> ✓ Amide vs. ester based. ➤ Discuss use of epinephrine in local anesthetic - pro and con. ➤ Explain use of approved local anesthetics, including route of administration. ➤ List equipment needed to effect repair of 1st degree, 2nd degree, 3rd degree and labial lacerations. ➤ Explain differences between synthetic and organic suture. ➤ Explain differences in needle size and cutting edge and most appropriate use of each: <ul style="list-style-type: none"> ✓ Taper; ✓ Cutting; and ✓ Taper-cutting. | <ul style="list-style-type: none"> ➤ Discuss which instruments are needed for perineal repair, including sizes and styles of needle holders, clamps, forceps and scissors. ➤ Explain special techniques for working with curved needles. ➤ Demonstrate correct use of needle holder to make an instrument tie. ➤ Discuss pros and cons of instrument ties. ➤ Demonstrate dual instrument suturing techniques and other practitioner safety techniques. ➤ Discuss pros and cons of hand ties. ➤ Demonstrate four basic stitches: <ul style="list-style-type: none"> ✓ Interrupted; ✓ Basting; ✓ Lock blanket; and ✓ Running mattress. ➤ List steps for 1st degree repair. ➤ List steps for 2nd degree repair. ➤ List steps for 3rd degree repair. ➤ List steps for labial repair. ➤ Explain how to maintain aseptic technique while suturing. ➤ Discuss appropriate disposal of repair waste, including sharps. ➤ Discuss pros and cons of subcuticular closure in perineal repair. |
|--|--|

Dosage Guidelines

- None

Standards for Instructors

All instructors must have training relevant to course

- Licensed Midwife
- Licensed Physician - MD, DO, ND
- Physician Assistant

Resources

- Current Editions of the following:
 - ✓ Healing Passage: a Midwife's Guide to the Care and Repair of the Tissues Involved in Birth, Anne Frye.
 - ✓ Practical Skills Guide for Midwifery, Pam Weaver and Sharon K. Evans.

**DIRECT ENTRY MIDWIFERY
LEGEND DRUGS
AND DEVICES**

***CONTINUING EDUCATION
(RENEWAL)
EXAMINATION***



**HEALTH LICENSING OFFICE
Board of Direct Entry Midwifery**

700 Summer St. NE, Suite 320, Salem, OR, 97301

Phone: 503-378-8667 | Fax: 503-370-9004

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***Requirements for Legend Drugs and Devices Continued
Education Course Completion (renewal)***

Notification of the candidate’s completion of each course component within the legend drugs and devices curriculum must be recorded in the “course completion” column of the original transcript.

To obtain course completion candidates must:

- Obtain a minimum score of 80 percent in each component of the written examination, and
- Successfully complete all required skill demonstrations.

The authorized provider has the option of using their own written examination covering all course components listed within the legend drugs and devices curriculum, or using the following examples.

Course Components	Continued (Renewal) Skill Demonstration
Administration of Medications through injections	Use of universal precautions
	Drawing up medication from: <ul style="list-style-type: none"> ◆ Glass ampules (use of filter needle) ◆ Multi-dose containers ◆ Single use vials
	Proper steps for administering medications: <ul style="list-style-type: none"> ◆ I/M ◆ Intradermal ◆ Subcutaneous
	Proper steps for administering sterile water papules:
I.V. Therapy	Use of universal precautions
	A minimum of two attempts, with a minimum of one successful, start and discontinuation of I.V. Therapy.
Suturing	Use of universal precautions
	Creating and maintaining a sterile field
	Demonstrate dual instrument suturing technique for a 2 nd degree tear.
	Demonstrate four basic stitches
	Demonstrate an instrument tie
	Demonstrate a hand tie

EXAMPLE GRADING FORMS

The following are intended as
guidelines for a
comprehensive written
examination

PHARMACOLOGY *(Continuing Education)*

100 possible points (%). Candidate must score a minimum of 80 points (%) to pass course.

Candidate Name: _____

Date: _____

Candidate Performance Standards	Points Possible	Points Awarded
<ul style="list-style-type: none"> ➤ Explanation & Discussion of the following: <ul style="list-style-type: none"> ✓ Mechanism of Pharmacological Action ✓ Indications ✓ Therapeutic Effects ✓ Side Effects / Adverse Reactions ✓ Contraindications ✓ Incompatibilities / Drug Interactions ➤ Administration Including: <ul style="list-style-type: none"> ✓ Dosage; ✓ Dosage Form & Packaging; ✓ Onset of Action; ✓ Peak Effect; and ✓ Duration of Action / Half-Life. 	80	
➤ Storage and Security.	5	
➤ Charting the Use of Authorized Legend Drugs and Devices.	5	
➤ Devising a System for Tracking Legend Drugs and Devices in a Home-Based Midwifery Practice, including Expiration Dates.	5	
➤ Demonstration of resource use - i.e. the Physicians Desk Reference & Sanford Guide to Anti-microbial Therapy.	5	
POINTS SCORED	100	
TOTAL PERCENT AWARDED	100%	

Instructors Initials: _____

ADMINISTRATION OF MEDICATIONS THROUGH INJECTION *(Continuing Education)*

100 possible points (%). Candidate must score a minimum of 80 points (%) to pass course.

Candidate Name: _____

Date: _____

Candidate Performance Standards	Points Possible	Points Awarded
<ul style="list-style-type: none"> ➤ Describing & Using Universal Precautions when Administering Medications, including: <ul style="list-style-type: none"> ✓ Gloving; ✓ Eye Protection; ✓ Safety Equipment; and ✓ Appropriate Disposal of Sharps 	30	
<ul style="list-style-type: none"> ➤ Listing Administration Equipment, including: <ul style="list-style-type: none"> ✓ Needles - size (length & bore); ✓ Filter Needles (use with glass ampules); ✓ Syringes - sizes, "leur" locks; ✓ Skin Surface Disinfectants - alcohol, povidone iodine; ✓ Medication Containers (glass ampules, multi-dose; and containers, single use vials, etc.) 	20	
<ul style="list-style-type: none"> ➤ Differentiation of Medication Administration Sites (subcutaneous, intramuscular and I.V.) 	15	
<ul style="list-style-type: none"> ➤ Listing Appropriate Sites for Medication Injection. 	10	
<ul style="list-style-type: none"> ➤ Explaining the "Three Point Check" Technique: <ul style="list-style-type: none"> ✓ Date on Medication (not expired), type, dosage; ✓ Repeat After Drawing up Medication; and ✓ Repeat After Administering Medication and Chart. 	10	
<ul style="list-style-type: none"> ➤ Listing Steps for Administering Drug – IM. 	5	
<ul style="list-style-type: none"> ➤ Listing Steps for Administering Drug – SQ. 	5	
<ul style="list-style-type: none"> ➤ Explaining Appropriate Care of Equipment Used in Administering Medications. 	5	
POINTS SCORED	100	
TOTAL PERCENT AWARDED	100%	

Instructors Initials: _____

TREATMENT OF SHOCK *(Continuing Education)*

100 possible points (%). Candidate must score a minimum of 80 points (%) to pass course.

Candidate Name: _____

Date: _____

Candidate Performance Standards	Points Possible	Points Awarded
➤ Defining Shock.	10	
➤ Identifying Pathophysiology of Shock.	5	
➤ Listing and Explaining Four Cellular Phases of Shock.	5	
➤ Listing Types of Shock.	5	
➤ Explaining Three Stages of Shock.	5	
➤ Describing How to Assess a Patient in Shock: ✓ Defining "Primary Survey" and listing its three components; and ✓ Defining "Secondary Survey" and listing its two components.	10	
➤ Listing Two Steps to Resuscitate a Patient in Shock: ✓ Basic Life Support: position, warmth, oxygen therapy, CPR; ✓ I.V. Fluid Therapy.	10	
➤ Reasons for Using I.V. Therapy.	5	
➤ Listing Necessary Equipment for Administration of I.V. Fluids.	10	
➤ Explaining Appropriate Care of Equipment Used in I.V. Administration.	5	
➤ Detailing the Appropriate Procedure for Administration of I.V. Fluids.	10	
➤ Describing Appropriate Flow Rates for I.V. Administration.	5	
➤ Identifying S/S of I.V. Failure (infiltration).	5	
➤ Listing Dangers of Inappropriately Placed or Maintained I.V.	5	
➤ Identifying Appropriate Anti-hemorrhagic Medication.	5	
POINTS SCORED	100	
TOTAL PERCENT AWARDED	100%	

Instructors Initials: _____

I.V. THERAPY (Continuing Education)

100 possible points (%). Candidate must score a minimum of 80 points (%) to pass course.

Candidate Name: _____

Date: _____

Candidate Performance Standards	Points Possible	Points Awarded
➤ Demonstrating Non-Invasive Treatment on Live Model, including: ✓ Appropriate Positioning for Shock.	45	
➤ Demonstrating Appropriate Steps for Administering an I.V. on a Mannequin	10	
➤ Demonstrating Correct Administration of an I.V. on a Live Model	45	
POINTS SCORED	100	
TOTAL PERCENT AWARDED	100%	

Instructors Initials: _____

SUTURING *(Continuing Education)*

100 possible points (%). Candidate must score a minimum of 80 points (%) to pass course.

Candidate Name: _____

Date: _____

Candidate Performance Standards	Points Possible	Points Awarded
➤ Explaining Basic Female Genital Anatomy	5	
➤ Listing Methods for Preventing Perineal Damage	5	
➤ Defining Degrees of Perineal Damage	5	
➤ Explaining Steps to Evaluate Genitals for Damage Postpartum	5	
➤ Explaining When Perineal Damage may Not Require a Repair	5	
➤ Discussing Steps to Take if a Woman Refuses Repair	5	
➤ Listing Types of Perineal Damage Which Requires Referral for Repair	5	
➤ Explaining Risks of Poorly Done Repair to Women's Health	5	
➤ Discussing Pros & Cons of Two Forms of Local Anesthetic: ✓ Amide vs. Ester Based	5	
➤ Discussing Pros & Cons of Using Epinephrine in Local Anesthetic	5	
➤ Explaining Preferred Use of Two Local Anesthetics, including route of administration: ✓ Xylocaine (Lidocaine Hydrochloride) and Benzocaine (Cetacaine)	5	
➤ Listing Equipment Needed to Effect Repair of 1 st Degree, 2 nd Degree and Labial Lacerations	5	
➤ Explaining Differences Between Synthetic and Organic Suture	5	
➤ Explaining Differences in Needle Size and Cutting Edge and Most Appropriate Use of Each: ✓ Taper ✓ Cutting ✓ Taper-Cutting	4	
➤ Discussing Which Instruments are Needed for Perineal Repair, including: Sizes, styles of needle holders, clamps, forceps and scissors	3	
➤ Explaining Special Techniques for Working with Curved Needles	3	
➤ Demonstrating Correct Use of Needle Holder to Make an Instrument Tie	3	
➤ Discussing Pros & Cons of Hand Ties	3	
➤ Demonstrating Four Basic Stiches: ✓ Interrupted ✓ Basting ✓ Lock Blanket ✓ Running Mattress	3	
➤ Listing Steps for 1 st and 2 nd Degree Repair	3	
➤ Listing Steps for 3 rd Degree Repair	3	
➤ Listing Steps for Labial Repair	3	
➤ Explaining How to Maintain Aseptic Technique While Suturing	3	
➤ Discussing Appropriate Disposal of Repair Waste, including sharps	2	
➤ Discussing Pros & Cons of Subcuticular Closure in Perineal Repair	2	
POINTS SCORED	100	
TOTAL PERCENT AWARDED	100%	

Instructors Initials: _____

Director Report

Executive Appointments



Board of Direct Entry Midwifery Member Appointment Status Update

Board Membership in General:

Pursuant to ORS 687.470 the Board of Direct Entry Midwifery consists of seven members appointed by the governor including:

- Four licensed direct entry midwives;
- One certified nurse midwife;
- One member of the public; and
- One physician licensed under ORS 677 involved at the time of appointment in obstetrical care or education.

Terms in office are three years; with an appointee eligible to serve a maximum of two consecutive terms or until a successor is appointed.

Current Appointment Information:

Member Position Type	Member Name	Full Term # or Partial Term	Start of Current Term	Term Expiration
Licensed Direct Midwife	Sarah Taylor	1 st Full	07/01/2014	06/30/2017
Public Member	James di Properzio	2 nd Full	07/01/2012	06/30/2015
Licensed Direct Midwife	Colleen Forbes	1 st Full	03/15/2013	03/14/2016
Certified Nurse Midwife	Niahm Charles	1 st Full	03/01/2014	02/28/2017
Licensed Direct Midwife	Kelli McIntosh	1 st Full	11/22/2013	06/30/2016
Physician (MD or DO)	Wendy Smith	1 st Full	10/01/2014	10/01/2017
Licensed Direct Midwife	Stephanie Elliott	1 st Full	09/19/2014	09/18/2017

*Highlight indicates that member is not eligible to reappoint at end of term.

How to Apply to be a Member:

Helpful information on how to apply to be a member is available online at:

<http://www.oregon.gov/gov/Pages/boards.aspx>

In general, interested applicants are asked to review the membership handbook and submit a completed interest form to the Governor’s Office of Executive Appointments. (Interest form attached) Completed interest forms can be submitted by any of the following methods:

- Fax interest form to 503-373-0840 (secure fax);
- Email scanned interest form to executive.appointments@das.state.or.us; or
- Mail interest form to:

Office of the Governor
Executive Appointments

900 Court Street NE, Room 160
Salem, OR 97301-4075

Please contact the Office of Executive Appointments if you have questions about the appointment process or about the status of your application.

**Oregon Midwifery
Council Meeting**

~

May 15, 2015

2013 CHANGES TO DEM REGULATION AS A RESULT OF HB 2997:

- Licensure is mandatory for all non-exempt direct entry midwives as of Jan 1, 2015.
- Board reviews all complaints before investigation begins.
- Board prioritizes investigations.
- HLO consults with Board during and after investigation to determine whether to pursue disciplinary action.
- Board issues Final Orders, which means the Board determines discipline on licensees for violations and the amount of a civil penalty for unlicensed midwifery. (This was a “clean slate” in terms of looking at past sanctions as precedent moving forward – the Board is a new and different decision-maker and has the ability to set different sanctions than those previously imposed by the agency.)
- Added “newborn assessments” to definition of direct entry midwifery.
- Added Group B strep antibiotics to legends drugs and devices that the Board may approve by rule.
- Changed qualifications of licensure to be consistent with North American Registry of Midwives (NARM’s).

JAN 1, 2015 EFFECTIVE RULES:

- Duplicate the statutory definition of a traditional midwife
- Applicant must be a certified professional midwife through the NARM.
- Repeal OAR 332-015-0070 and move 40 hours of legend drugs and devices, which aligns with requirements of the law. Legends drugs and devices education could no longer be required as part of the licensure criteria and had to be shifted to continuing education requirements due to the way the law was written in 2001.
- Add five additional hours to standard continuing education requirements and allow LDMs to obtain continuing education hours from online sources.
- Exempt traditional midwives from performing direct entry midwifery services if information required by statute is disclosed to each patient on a form prescribed by the Board. Repeal OAR 332-030-0000 to align with the law.
- Requires that each direct entry midwife disclose to each patient whether they have received the initial legend drugs and devices training. The rule also requires the disclosure be documented within the patient records of care.
- **Disclosure statement for Traditional Midwives:** As of Jan. 1, 2015, licensure for direct entry midwives is mandatory unless certain criteria and disclosures are met in accordance with ORS 687.415.

FEE CHANGES:

- As of July 1, 2015, a new applicant applying for an original license totaling \$800 may be granted a \$350 license fee discount, bringing the cost of the license to \$450, until July 1, 2019. A \$150 application fee must be paid to grant the \$350 discount. The discount is available to individuals who meet all application requirements for direct entry midwifery

licensure and reside in Oregon. Only applicants who have not held a direct entry midwifery license in Oregon qualify for the discount.

- As of Jan. 1, 2015, an applicant applying to renew a license totaling \$800 may be granted a \$200 discount, bringing the cost of the renewal to \$600, until July 1, 2019.
- LDMs who renew late no longer have to pay for the previous license renewal; instead they will be assessed a late fee of \$50 per year for up to three years.

GROUP P STREPTOCOCCAL RULES AND OUTREACH:

- Proposed rules were approved by the Board of Direct Entry Midwifery on Dec. 11, 2014, and published in the Oregon Bulletin on April 1, 2015. During the comment period, April 1 to April 28, two written comments were received and no oral comments were provided at the hearing April 28. The Board will review comments and is scheduled to consider adopting rules on June 11, 2015. If they are adopted, rules will be filed and effective on July 1, 2015.
- Comments stated that several LDMs did not want to be required to obtain GBS because they would not be providing the service. They preferred to be a choice and an endorsement on the license. Other comments provided general perspective on how the rule could be written more clearly and what type of training should be required.
- Rule changes would require the following:
 - All current licensees obtain an additional 10 hours of GBS training in pharmacology and IV therapy before purchasing and administering prophylaxis antibiotics for GBS, or on their next renewal after July 1, 2015.
 - New applicants would be required to obtain an additional 10 hours of GBS training in pharmacology and IV therapy before purchasing and administering prophylaxis antibiotics for GBS if the 10 hours was not part of their original legend drugs and devices training. Upon first renewal, proof of having obtained the 10 hours would be required.
 - The 10 hours of GBS will be in addition to the regular 8½ continuing education hours every two years. Also the 10 hours are required to be obtained by the LDM's renewal in 2016 or before purchasing and administering commence.
- The HLO is working with Birthingway and the OMC to review and update the entire legend drugs and devices curriculum.

BOARD MEMBERSHIP:

- The Health Licensing Office is currently recruiting for a public member for the Board of Direct Entry Midwifery.
 - Applicants must be a resident of Oregon
 - Senate confirmed
 - Serve at pleasure of the governor
 - Term of office is three years
 - Member may serve two consecutive terms
 - Three years must lapse before a person can be eligible for appointment to the board

Licensing and Fiscal Statistical Reports

Health Licensing Office

Board of Direct Entry Midwifery

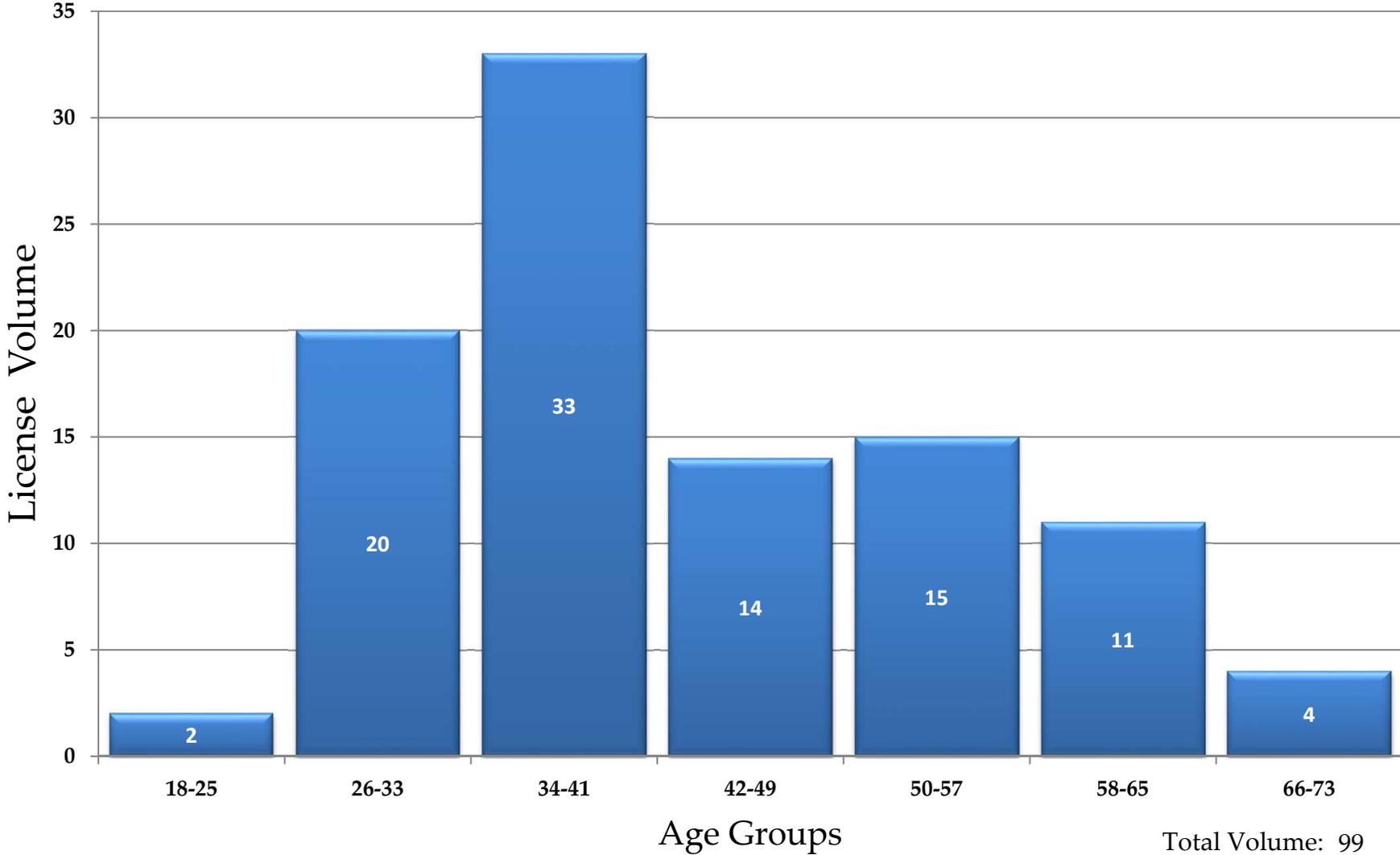
Licensing Division Statistics as of May 29, 2015

2013 - 2015 Biennium

Quarter	Licenses Issued	Renewals Processed	License Volume
1st	5	17	85
2nd	6	18	88
3rd	2	16	92
4th	8	23	93
5th	1	16	95
6th	6	24	88
7th	3	19	96
8th	1	11	99
Total	32	144	

Active Midwifery License Volume

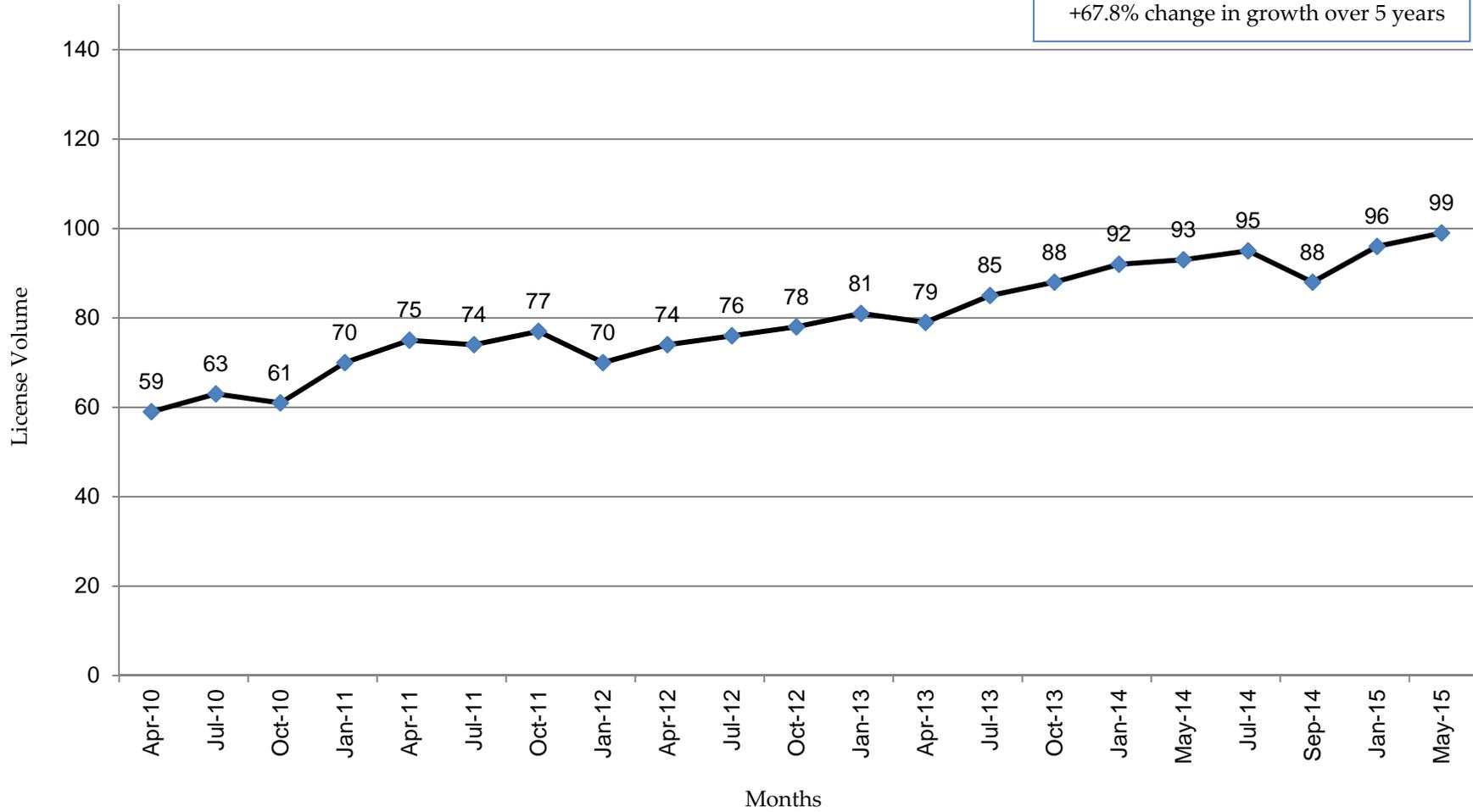
Statistics grouped by age as of May 29, 2015



Board of Direct Entry Midwifery

Active License Trend
April 2010 - May 2015

+6.5% change in growth over 1 year
+67.8% change in growth over 5 years



HEALTH LICENSING OFFICE Fund 7810 - DIRECT ENTRY MIDWIFERY STATEMENT OF CASH FLOW FOR THE PERIOD 07/01/13 - 05/29/15	
CURRENT	
13-15' Beginning Cash Balance	\$ (81,741.26)
Revenues	\$ 181,790.79
Expenditures	\$ 166,520.00
Less: Accrued Expenditures	
Less: Total Expenditures	\$ (166,520.00)
Subtotal: Resources Available	\$ (66,470.47)
Change in (Current Assets)/Liabilities	\$ -
Ending Cash Balance (Actual)	\$ (66,470.47)
Indirect Charges are calculated using the following rates:	
*Based on Licensee Volume as of May 20, 2013	
Shared Assessment %	0.10%
Examination %	0.00%
Small Board Qualification %	1.34%
Inspection %	0.00%

HEALTH LICENSING OFFICE Fund 7810 - DIRECT ENTRY MIDWIFERY STATEMENT OF CASH FLOW FOR THE PERIOD 07/01/13- 06/30/15	
PROJECTED	
13-15' Beginning Cash Balance	\$ (81,741.26)
Revenues	\$ 194,077.94
Expenditures	\$ 192,357.39
Less: Accrued Expenditures	\$ -
Less: Total Expenditures	\$ (192,357.39)
Subtotal: Resources Available	\$ (80,020.71)
Change in (Current Assets)/Liabilities	\$ -
Ending Cash Balance (Projection)	\$ (80,020.71)
Indirect Charges are calculated using the following rates:	
*Based on Licensee Volume as of May 20, 2013	
Shared Assessment %	0.10%
Examination %	0.00%
Small Board Qualification %	1.34%
Inspection %	0.00%

**Update on Licensed
Direct Entry Midwifery
Fees**



HEALTH LICENSING OFFICE

Kate Brown, Governor

Oregon
Health
Authority

700 Summer St NE, Suite 320

Salem, OR 97301-1287

Phone: (503)378-8667

Fax: (503)585-9114

<http://www.oregon.gov/OHLA/Pages/index.aspx>

Date: May 28, 2015

To: Direct Entry Midwifery Stakeholders

From: Samantha Patnode, Policy Analyst

Subject: Proposed Administrative Rules

Proposed administrative rules were filed with the Secretary of State's Office for publication in the June 1, 2015 Oregon Bulletin. Public comment will be accepted from June 1 through June 28, 2015 at 5 p.m. A hearing has been scheduled for June 25, 2015 at 11 a.m. at the [Health Licensing Office](#), Rhoades Conference Room, 700 Summer St NE, Suite 320, Salem, OR 97301.

Permanent administrative rules are scheduled to become effective on July 8, 2015. Proposed rules are related to changes in current licensing fees including a discount for specific situations.

Administrative rules will be posted on the board's web site at as of June 1, 2015 http://www.oregon.gov/OHLA/DEM/Pages/Midwifery_Laws_Rules.aspx . For alternative formats please contact me at the number below.

If you have any questions or need additional information, please contact me at (503) 373-1917 or samie.patnode@state.or.us.

Secretary of State
NOTICE OF PROPOSED RULEMAKING HEARING*
A Statement of Need and Fiscal Impact accompanies this form

FILED
5-14-15 12:01 PM
ARCHIVES DIVISION
SECRETARY OF STATE

Health Licensing Office, Board of Direct Entry Midwifery

332

Agency and Division

Administrative Rules Chapter Number

Samantha Patnode

(503) 373-1917

Rules Coordinator

Telephone

Health Licensing Office, Board of Direct Entry Midwifery, 700 Summer St. NE, Suite 320, Salem, OR 97304

Address

RULE CAPTION

Reduce original and renewal license fees and apply certain discounts if qualifications are met.

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

Hearing Date	Time	Location	Hearings Officer
6-25-15	11:00 a.m.	Health Licensing Office, Rhoades Conference Room, 700 Summer St	Samie Patnode

RULEMAKING ACTION

Secure approval of rule numbers with the Administrative Rules Unit prior to filing.

ADOPT:

AMEND:

332-040-0000

REPEAL:

RENUMBER: Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

AMEND AND RENUMBER: Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

Statutory Authority:

ORS 676.592, 676.586, 676.625

Other Authority:

Statutes Implemented:

ORS 676.592, 676.586, 676.625

RULE SUMMARY

Currently licensed direct entry midwives (LDM) pay a \$1200 annual renewal fee due to high litigation costs in 2009-11 biennium and continued through the 2013-15 biennium.

The Board of Direct Entry Midwifery (Board) continues in a deficit despite the high license fee. In an effort to reduce barriers to licensure the Health Licensing Office (HLO) been granting a \$1200 discount for individuals seeking original licensure.

As litigation costs have decreased HLO, the Board and stakeholders began a dialogue on how to best reduce fees for LDM's despite the negative cash balance.

As of July 1, 2015 the rules as proposed would allow an applicant applying for an original license totaling \$800 may be granted a \$350 license fee discount for a total cost for the license \$450 until July 1, 2019. An application fee of \$150 must be paid in order to grant the \$350 license fee discount. The license fee discount is available to individuals who meet all application requirements for direct entry midwifery licensure under OAR 332-015-0030 and reside in Oregon. Only applicants who have not held a direct entry midwifery license in Oregon qualify for the discount.

As of January 1, 2015, the rules as proposed would allow an applicant applying to renew a license totaling \$800 may be granted a \$200 discount for a total cost for the license \$600 until July 1, 2019. The license fee discount is available to individuals who meet all renewal requirements for direct entry midwifery licensure under OAR 332-020-0000 and reside in Oregon.

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

<u>06-28-2015 5:00 p.m.</u>	<u>Samantha Patnode</u>	<u>samie.patnode@state.or.us</u>
Last Day (<i>m/d/yyyy</i>) and Time for public comment	Rules Coordinator Name	Email Address

*The Oregon Bulletin is published on the 1st of each month and updates the rule text found in the Oregon Administrative Rules Compilation.

Secretary of State
STATEMENT OF NEED AND FISCAL IMPACT
A Notice of Proposed Rulemaking Hearing accompanies this form.

FILED
5-14-15 12:01 PM
ARCHIVES DIVISION
SECRETARY OF STATE

Health Licensing Office, Board of Direct Entry Midwifery
Agency and Division

332
Administrative Rules Chapter Number

Reduce original and renewal license fees and apply certain discounts if qualifications are met.

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of:

Amending OAR 332-04-0000

Statutory Authority:

ORS 676.592, 676.586, 676.625

Other Authority:

Statutes Implemented:

ORS 676.592, 676.586, 676.625

Need for the Rule(s):

The rules is necessary to lower renewal costs to currently licensed direct entry midwives and to continue discounting individuals seeking original licensure.

Documents Relied Upon, and where they are available:

Documents relied upon were Oregon Revised Statutes Chapter 676 and fiscal reports.

All documents are available at the Oregon Health Licensing Agency (agency) 700 Summer Street NE, Suite 320, Salem, OR 97301-1287. To obtain information or copies of information please contact Samantha Patnode, Policy Analyst, at 503-373-1917, during normal business hours Monday Through Friday between 7:30am to 4:30pm. Email: samie.patnode@state.or.us

Fiscal and Economic Impact:

HLO has determined that the proposed changes will have a fiscal impact.

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

If licensed direct entry midwives are considered the public their annual renewal fee will be reduced from \$1200 to \$600.

If individuals seeking licensure as a direct entry midwife are considered the public thier orginal license fee will be increased from \$0 to \$450.

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small business and types of businesses and industries with small businesses subject to the rule:

There are currently 99 licensed direct entry midwives in Oregon, many of which may be sole proprietors of midwifery services or may work within a birthing center which are generally considered small businesses.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

The proposed rules will not increase current reporting, record-keeping or any other administrative activities required for compliance.

c. Equipment, supplies, labor and increased administration required for compliance:

The proposed rules will not increase equipment, supplies, labor or increased administration required for compliance.

How were small businesses involved in the development of this rule?

Small businesses were involved through the rulemaking process, association presentations and board meetings.

Administrative Rule Advisory Committee consulted?: No

If not, why?:

The Health Licensing Office has the statutory authority to establish and amend fees for all programs under its jurisdiction. Health Licensing Office consulted with legislators, members of the board and representatives from the Oregon Midwifery Council.

06-28-2015 5:00 p.m.

Samantha Patnode

samie.patnode@state.or.us

Last Day (m/d/yyyy) and Time
for public comment

Printed Name

Email Address

**HEALTH LICENSING OFFICE,
BOARD OF DIRECT ENTRY MIDWIFERY**

DIVISION 40

FEEES

332-040-0000

Fees

(1) An applicant and licensee are subject to the provisions of OAR 331-010-0010 and 331-010-0020 regarding payment of fees, penalties and charges.

(2) Fees established by the Oregon Health Licensing Agency pursuant to ORS 676.607 are as follows:

(a) Application:

(A) License: \$150.

(B) License by reciprocity: \$750.

(b) Examination — Oregon laws & rules: \$50.

(c) Original issuance of license ~~(including by reciprocity): \$1,200~~ **800** for one year.

(d) Renewal — License: ~~\$1,200~~ **800** for one year;

(e) Reactivation of license: \$150.

(f) Other administrative fees:

(A) Delinquency fee: \$50 for each year in expired status up to three years.

(B) Replacement of license, including name change: \$25.

(C) Duplicate license document: \$25 per copy, with a maximum of three.

(D) Affidavit of licensure for reciprocity: \$50.

(E) An additional \$25 administrative processing fee will be assessed if a non-sufficient funds or non-negotiable instrument is received for payment of fees, penalties and charges. Refer to OAR 331-010-0010.

~~(3) Applicants for original issuance of direct entry midwifery license may be granted a \$1,200 original license fee discount, upon application for licensure. The license fee discount is available to individuals who meet all application requirements for direct entry midwifery licensure under OAR 332-015-0030 and reside in Oregon. Only applicants who have not held a direct entry midwifery license in Oregon qualify for the discount.~~

(4) As of July 1, 2015 an applicant applying for an original license totaling \$800 may be granted a \$350 license fee discount for a total cost for the license \$450 until July 1, 2019. An application fee of \$150 must be paid in order to grant the \$350 license fee discount. The license fee discount is available to individuals who meet all application requirements for direct entry midwifery licensure under OAR 332-015-0030 and reside in Oregon. Only applicants who have not held a direct entry midwifery license in Oregon qualify for the discount.

(5) As of January 1, 2015, an applicant applying to renew a license totaling \$800 may be granted a \$200 discount for a total cost for the license \$600 until July 1, 2019. The license fee discount is available to individuals who meet all renewal requirements for direct entry midwifery licensure under OAR 332-020-0000 and reside in Oregon.

Stat. Auth.: ORS 676.607, 676.615 & 687.435

Stats. Implemented: ORS 676.607 & 687.435

Hist.: DEM 4-2011, f. & cert. ef. 9-26-11; DEM 7-2011(Temp), f. 12-20-11, cert. ef. 1-1-12 thru 6-29-12; DEM 2-2012(Temp), f. & cert. ef. 3-9-12 thru 9-5-12; DEM 4-2012, f. & cert. ef. 7-25-12

Policy Report

2015 Legislation

Oregon Health Authority

Health Evidence Review
Commission

~

Out-of-Hospital Birth

Office of Equity and
Inclusion

~

Cultural Competence
Continuing Education

Continuing Education

~

Global Volunteer Work

<http://narm.org/accountability/ceu-information/>

Regulatory Report

Health Licensing Office



700 Summer St. NE, Suite 320
Salem, OR 97301-1287
Phone: (503) 378-8667
Fax: (503) 370-9004
Web: www.oregon.gov/oha/hlo
E-mail: hlo.info@state.or.us

Board of Direct Entry Midwifery

June 11, 2015

2009 - 2011 Biennium Follow Up

Between July 1, 2009 and June 30, 2011, 41 complaints were received. Total open 2. Total closed 39.

<i>Allegation Filed By:</i>		
Mandatory Reporter	Client	Other
22	16	3

2011 - 2013 Biennium

Between July 1, 2011 and June 30, 2013, 28 complaints were received. Total open 3. Total closed 25.

<i>Allegation Filed By:</i>		
Mandatory Reporter	Client	Other
14	9	5

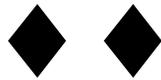
2013 - 2015 Biennium

Between July 1, 2013 and April 30, 2015, 15 complaints were received. Total open 11. Total closed 4.

<i>Allegation Filed By:</i>		
Mandatory Reporter	Client	Other
13	0	2

Interested Parties Feedback

Executive Session

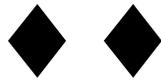


ORS 192.660(2)(f) for the purpose of considering
information or records exempt from public inspection.

Non- Public Session

**Pursuant to ORS 192.690(1) for the
purpose of deliberation contested cases**

Executive Session



ORS 192.660(2)(f) for the purpose of considering information or records exempt from public inspection.

Board Action on Contested Cases

Other Board Business

