Board of Direct Entry Midwifery

OREGON ADMINISTRATIVE RULES

(UNOFFICIAL COPY)

CHAPTER 332, DIVISION 010 – 040

PERMANENT RULES EFFECTIVE

AUGUST 15, 2017

HEALTH LICENSING OFFICE
1430 Tandem Ave. NE, Suite 180
Salem, OR 97301-2192
Phone: (503) 378-8667 | Fax: (503) 370-9004
Email: hlo.info@state.or.us
Website: www.healthoregon.org/hlo

DIVISION 10

GENERAL ADMINISTRATION

332-010-0002

Election

The chairperson of the Board must be elected annually. Elections must be held during the last regularly scheduled Board meeting of the year or if canceled the next regularly scheduled meeting. Terms of office run from January 1st to December 31st.

Statutory/Other Authority: ORS 676.615 & 687.475
Statutes/Other Implemented: ORS 687.425, 687.475 & 687.493
History:
DEM 1-2017, f. & cert. ef. 8-15-17

332-010-0004

Vacancies in Office

If the chairperson is unable to complete the term the Board will elect another chairperson.

Statutory/Other Authority: ORS 676.615 & 687.475
Statutes/Other Implemented: ORS 687.425, 687.475 & 687.493
History:
DEM 1-2017, f. & cert. ef. 8-15-17

332-010-0006

Duties of Officers

(1) The chairperson must preside at all meetings. The chairperson must confer with the Office on matters that come up between meeting dates, and matters that need to be placed on the agenda for Board meetings. The chairperson may order or reorder the agenda.

(2) In the absence of the chairperson from a meeting or a portion of a meeting, the Board must vote to elect another Board member to run the meeting.

(3) Decisions will be made by a vote of the Board and carried out with a motion and second and vote by majority.

Statutory/Other Authority: ORS 676.615 & 687.475
Statutes/Other Implemented: ORS 687.425, 687.475 & 687.493
History:
DEM 1-2017, f. & cert. ef. 8-15-17

DIVISION 15

GENERAL ADMINISTRATION

332-015-0000

Definitions

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

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

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

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

(4) “Baby” means the fetus and the newborn.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Statutory/Other Authority: ORS 687.485
Statutes/Other Implemented: ORS 183.450(7) & 687.485
History:
DEM 2-2014, f. 12-31-14, cert. ef. 1-1-15
DEM 5-2011, f. & cert. ef. 9-26-11
DEM 4-2010, f. 12-30-10, cert. ef. 1-1-11
DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04
DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02
DEM 2-1999, f. 12-17-99, cert. ef. 12-20-99
DEM 1-1999(Temp), f. 9-1-99, cert. ef. 9-9-99 thru 2-29-00
DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98
DEM 1-1994, f. & cert. ef. 6-15-94
DEM 1-1993(Temp), f. & cert. ef. 12-22-93

332-015-0025

Direct Entry Midwifery License

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

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

Statutory/Other Authority: ORS 676.615, 676.616, 687.410, 687.415, 687.420, 687.425, 687.445, 687.480 & 687.493
Statutes/Other Implemented: 676.616, 687.410, 687.145, 687.420, 687.425, 687.445, 687.480, 687.493 & ORS 676.615
History:
DEM 2-2014, f. 12-31-14, cert. ef. 1-1-15

332-015-0030

Application Requirements Direct Entry Midwifery License

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

(1) Meet the requirements of OAR 331 division 30.

(2) Submit a completed application form prescribed by the agency, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application and license fees.

(3) Submit current certification in cardiopulmonary resuscitation for adults, neonates and infants.

(4) Submit a written plan for emergency transport for mother or newborn pursuant to OAR 332-025-0020.

(5) Submit satisfactory evidence of having current CPM credential from NARM; and

(6) Pursuant to ORS 687.420, participation as an assistant at 25 deliveries, 25 deliveries for which the applicant was the primary birth attendant, participation in 100 prenatal care visits, 25 newborn examinations, and 40 postnatal examinations. The applicant must have provided continuity care for at least 10 of the primary birth attendant deliveries, including four prenatal visits, one newborn examination and one postpartum exam. Of these 50 births, at least 25 deliveries must have taken place in an out-of-hospital setting and 10 births must have occurred within the two years or 24 months preceding the date of application.

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

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

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

Statutory/Other Authority: ORS 687.420 & 687.485
Statutes/Other Implemented: ORS 687.420 & 687.485
History:
DEM 2-2015, f. & cert. ef. 7-1-15
DEM 2-2014, f. 12-31-14, cert. ef. 1-1-15
DEM 1-2014(Temp), f. 12-31-14, cert. ef. 1-2-15 thru 6-27-15
DEM 4-2010, f. 12-30-10, cert. ef. 1-1-11

DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04
DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02
DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98
DEM 1-1994, f. & cert. ef. 6-15-94

332-015-0040

Education

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

(1) Core competencies developed by MANA;

(2) NARM written test specifications;

(3) NARM skills assessment test specifications;

(4) NARM written examination primary reference list; and

(5) NARM skills assessment reference list.

Statutory/Other Authority: ORS 183, 687.420, 687.480 & 687.485
Statutes/Other Implemented: ORS 183, 687.420, 687.480 & 687.485
History:
DEM 4-2010, f. 12-30-10, cert. ef. 1-1-11
DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04
DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02
DEM 2-1998, f. 4-14-98, cert. ef. 4-15-98
DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98
DEM 1-1994, f. & cert. ef. 6-15-94

332-015-0050

NARM Midwifery Examination

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

Statutory/Other Authority: ORS 676.615, 687.480 & 687.485
Statutes/Other Implemented: ORS 676.615, 687.480 & 687.485
History:
DEM 4-2010, f. 12-30-10, cert. ef. 1-1-11
DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04
DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98
DEM 1-1994, f. & cert. ef. 6-15-94

332-015-0080

License Display and Posting Requirements

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

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

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

Statutory/Other Authority: ORS 687.485 & 687.615
Statutes/Other Implemented: ORS 687.425, 687.485, 676.606 & 676.607
History:
DEM 4-2010, f. 12-30-10, cert. ef. 1-1-11

DIVISION 20

LICENSURE

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;

(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; and

(f) Evidence of having completed peer review on a form prescribed by the agency pursuant to 332-025-0020.

(g) Submit a copy of individual MANAstats practice report pursuant to OAR 332-020-0017.

(4) EXPIRED LICENSE: A license that has been inactive for more than three years is expired and the licensee must reapply and meet the requirements listed in OAR 332-015-0030.

Statutory/Other Authority: ORS 676.605, 676.615, 687.420, 687.425, 687.430, 687.485 & 687.493
Statutes/Other Implemented: ORS 676.605, 676.615, 687.420, 687.425, 687.430, 687.485 & 687.493
History:
DEM 2-2014, f. 12-31-14, cert. ef. 1-1-15
DEM 5-2011, f. & cert. ef. 9-26-11
DEM 5-2010, f. 12-30-10, cert. ef. 1-1-11
DEM 1-2008, f. 9-15-08 cert. ef. 10-1-08
DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04
DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02
DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02
DEM 1-1994, f. & cert. ef. 6-15-94
DEM 1-1993(Temp), f. & cert. ef. 12-22-93

332-020-0010

Continuing Education

(1) Standard Continuing Education Renewal Requirements: To maintain licensure an LDM must complete 35 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) In addition to the requirements listed in subsection (1) of this rule and in accordance with ORS 687.425 an LDM who has attended less than five births in the previous renewal year must obtain an additional 10 hours of continuing education separate from all other continuing education requirements. The additional 10 hours of continuing education must be obtained during the next renewal cycle. Subject matter for the additional 10 hours of continuing education must be related to subjects listed in subsection (1) of this rule.

(3) Initial Legend Drugs and Devices Continuing Education Renewal Requirements including continuing education in Group B Streptococcal: An individual licensed after January 1, 2017 must successfully complete 48 hours of instruction in an approved curriculum prior to purchasing or administering legend drugs and devices listed in division 26 of these rules or by the date of first renewal following initial licensing as an LDM. The initial renewal continuing education is comprised of theory, hands-on practice, and skills testing for competency which must include the following:

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

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

(c) Four hours in advanced treatment of shock;

(d) 16 hours in intravenous therapy including intravenous antibiotics Group B Streptococcal prophylaxis;

(e) Four hours in neonatal resuscitation; and

(f) 10 hours in suturing.

(4) Subsequent Renewal Legend Drugs and Devices Continuing Education Requirements: To maintain licensure an LDM must complete eight and a half hours of legend drugs and devices continuing education, every two-years and attest to this on the renewal application. The 8.5 hours of legend drugs and devices continuing education is in addition to continuing education required under subsection (1), (2), and (3) of this rule, if applicable, with exception of neonatal resuscitation. Each LDM is required to show evidence of current certification in neonatal resuscitation upon renewal each year. Continuing education components for subsequent renewals must include the following:

(a) Two hours in pharmacology as of January 1, 2017 all subsequent renewal programs must include continuing education in intravenous antibiotics for Group B Streptococcal prophylaxis;

(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, 2017 all subsequent renewal programs must include continuing education in intravenous antibiotics for Group B Streptococcal prophylaxis; and

(e) Three hours in suturing.

(5) Continuing Education 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.

(6) 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) Up to nine 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) 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) 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) 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) 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) 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.

(13) Continuing education hours obtained for legend drugs and devices, neonatal resuscitation or cardiopulmonary resuscitation for adults and infants cannot be used towards the 35 Standard Continuing Education Renewal Requirements listed under subsection (1) of this rule.

Statutory/Other Authority: ORS 676.615, 687.425 & 687.485
Statutes/Other Implemented: ORS 676.615, 687.425 & 687.485
History:
DEM 1-2017, f. & cert. ef. 8-15-17
DEM 2-2015, f. & cert. ef. 7-1-15
DEM 2-2014, f. 12-31-14, cert. ef. 1-1-15
DEM 2-2013, f. 12-30-13, cert. ef. 1-1-14
DEM 1-2013(Temp), f. 7-10-13, cert. ef. 7-12-13 thru 1-8-14
DEM 5-2010, f. 12-30-10, cert. ef. 1-1-11
DEM 1-2009, f. 3-31-09, cert. ef. 4-1-09
DEM 2-2008(Temp), f. 9-15-08 cert. ef. 10-1-08 thru 3-30-09
DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04
DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02
DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02

DEM 1-1994, f. & cert. ef. 6-15-94
DEM 1-1993(Temp), f. & cert. ef. 12-22-93

332-020-0015

Continuing Education: Audit, Required Documentation and Sanctions

((1) The Agency will audit a select percentage of licenses to verify compliance with continuing education requirements.

(2) Licensees notified of selection for audit of continuing education attestation must submit to the agency, within 30 calendar days from the date of issuance of the notification, satisfactory evidence of participation in required continuing education in accordance with OAR 332-020-0010.

(3) Evidence of successful completion of the required continuing education must include the following:

(a) Name of continuing education sponsor/provider;

(b) Course agenda — including the date of the training and breakdown of hours for each agenda item, lunch and breaks;

(c) Course outline — including a detailed summary of each topic discussed and the learning objective or training goal of each agenda item; The content of the course must have a direct relationship between the course training and subject matter related to Direct Entry Midwifery, as outlined in OAR 332-020-0010;

(d) Background resume of speakers or instructors; and

(e) Documentation of attendance or successful course completion. Examples include a certificate, transcript, sponsor statement or affidavit attesting to attendance, diploma.

(4) If documentation of continuing education is invalid or incomplete, the licensee has 30 calendar days from the date of the deficiency notice to correct the deficiency and submit further documentation to substantiate having completed the required continuing education.

(5) Misrepresentations of continuing education or failure to complete continuing education requirements may result in disciplinary action, which may include but is not limited to assessment of a civil penalty and suspension or revocation of the license.

Statutory/Other Authority: ORS 687.425 & 687.485
Statutes/Other Implemented: ORS 687.425 & 687.485
History:
DEM 2-2013, f. 12-30-13, cert. ef. 1-1-14
DEM 5-2010, f. 12-30-10, cert. ef. 1-1-11
DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04
DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02

332-020-0017

Reporting Requirements

(1) In accordance with ORS 687.425, for renewal of a license an individual licensed as an LDM must submit data on every mother and baby electronically to the MANAstats Project on any form prescribed by MANA, and in accordance with the policies and procedures established by MANA. A licensee must:

(a) Begin data collection with MANA for each mother who initiates care as of June 1, 2011; and

(b) Submit a copy of their individual MANAstats practice report annually to the agency at the time of license renewal, beginning June 2012.

(2) A licensee is required to notify the agency of the number of mothers who decline consent to participate in the MANAstats data collection system annually on a form prescribed by the agency.

(3) When a mother declines consent to participate in the MANAstats data collection, the licensee must provide de-identified mother and baby data to the agency on a form prescribed by the agency. If there are multiple licensees present at the same birth, the licensees must designate one licensee to report to the agency.

Statutory/Other Authority: ORS 687.485 & 676.615
Statutes/Other Implemented: ORS 687.425, 687.435, 687.485, 687.495, 676.606 & 676.607
History:
DEM 5-2011, f. & cert. ef. 9-26-11
DEM 5-2010, f. 12-30-10, cert. ef. 1-1-11

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;

(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 eight hours continuing education in intravenous antibiotics for Group B Streptococcal prophylaxis; and

(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.

Statutory/Other Authority: ORS 676.605, 676.615, 687.480 & 687.485
Statutes/Other Implemented: ORS 676.605, 676.615, 687.480 & 687.485
History:
DEM 2-2015, f. & cert. ef. 7-1-15
Reverted to DEM 5-2011, f. & cert. ef. 9-26-11
DEM 1-2014(Temp), f. 12-31-14, cert. ef. 1-2-15 thru 6-27-15
DEM 5-2011, f. & cert. ef. 9-26-11
DEM 1-2011(Temp), f. & cert. ef. 4-4-11 thru 9-27-11
DEM 6-2010, f. 12-30-10, cert. ef. 1-1-11
DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04
DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02
DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02
DEM 3-2000, f. 9-29-00, cert. ef. 10-1-00
DEM 2-2000(Temp), f. 8-22-00, cert. ef. 8-22-00 thru 2-17-01
DEM 2-1999, f. 12-17-99, cert. ef. 12-20-99
DEM 1-1999(Temp), f. 9-1-99, cert. ef. 9-9-99 thru 2-29-00
DEM 2-1998, f. 4-14-98, cert. ef. 4-15-98
DEM 1-1994, f. & cert. ef. 6-15-94
DEM 1-1993(Temp), f. & cert. ef. 12-22-93

332-025-0021

Risk Assessment Practice Standards

Licensees must assess the appropriateness of an out-of-hospital birth taking into account the health and condition of the mother and baby according to the following absolute and non-absolute risk criteria:

(1) "Absolute risk" as used in this rule means conditions or clinical situations of obstetrical or neonatal risk that cannot be resolved and that preclude out-of-hospital care. If the mother or baby presents with any absolute risk factors, the LDM must:

(a) During the antepartum period, plan for transfer of care and an in-hospital birth;

(b) During the intrapartum period, arrange transportation to the hospital and transfer of care unless the birth is imminent;

(c) When the birth is imminent, take the health and condition of the mother and baby and conditions for transport into consideration in determining whether to proceed with out-of-hospital birth or to arrange for transportation to a hospital and transfer of care;

(d) During the postpartum period, arrange for transportation of mother or baby to a hospital and transfer of care;

(2) The following constitute absolute risk factors:

(a) ANTEPARTUM ABSOLUTE RISK CRITERIA:

(A) Active cancer;

(B) Cardiac condition with hemodynamic consequences;

(C) Severe renal disease — active or chronic;

(D) Severe liver disease — active or chronic;

(E) Uncontrolled hyperthyroidism;

(F) Chronic obstructive pulmonary disease;

(G) Essential chronic hypertension over 140/90;

(H) Pre-eclampsia/eclampsia;

(I) Current venous thromboembolic disease;

(J) Current substance abuse known to cause adverse effects for the mother or baby;

(K) Incomplete spontaneous abortion;

(L) Hemoglobin under nine at term;

(M) Placental abruption;

(N) Placenta less than 2.0 centimeters from internal os at onset of labor;

(O) Persistently or severely abnormal quantity of amniotic fluid;

(P) Signs and symptoms of chorioamnionitis;

(Q) Ectopic pregnancy;

(R) Pregnancy lasting longer than 43 weeks gestation (21 days past the due date);

(S) Any pregnancy with abnormal fetal surveillance tests;

(T) Active acquired immune deficiency syndrome (AIDS);

(U) Higher order multiples (three or more);

(V) Monochorionic, monoamniotic twins;

(W) Twin-to-twin transfusion;

(X) Presenting twin transverse;

(Y) Three cesarean sections unless previous successful vaginal birth;

(Z) Placenta accreta, percreta or increta;

(AA) Non-cephalic presentation except as noted in non-absolute risk criteria;

(BB) Previous classical uterine incision, T-incision, prior uterine rupture or extensive transfundal surgery;

(CC) Four or more cesarean sections; and

(DD) Pre-existing diabetes requiring oral medication or insulin.

(b) INTRAPARTUM ABSOLUTE RISK CRITERIA:

(A) Documented intrauterine growth restriction at term;

(B) Evident or suspected uterine rupture;

(C) Prolapsed cord or cord presentation;

(D) Evident or suspected complete or partial placental abruption;

(E) Evident or suspected placenta previa;

(F) Evident or suspected chorioamnionitis;

(G) Pre-eclampsia/eclampsia;

(H) Thick meconium-stained amniotic fluid without reassuring fetal heart tones and birth is not imminent;

(I) Evidence of fetal distress or abnormal fetal heart rate pattern unresponsive to treatment or inability to auscultate fetal heart tones;

(J) Excessive vomiting, dehydration, acidosis or exhaustion unresponsive to treatment;

(K) Blood pressure greater than or equal to 150/100 which persists or rises, and birth is not imminent;

(L) Labor or premature rupture of membrane less than 35 weeks according to estimated due date;

(M) Current substance abuse known to cause adverse effects for the mother or baby;

(N) Retained placenta with suspected placenta accreta;

(O) Active herpes lesion in an unprotectable area;

(P) Primary herpes outbreak in labor; and

(Q) Evident or suspected footling or kneeling breech.

(c) MATERNAL POSTPARTUM ABSOLUTE RISK CRITERIA:

(A) Retained placenta with suspected placenta accreta;

(B) Retained placenta with abnormal or significant bleeding;

(C) Laceration requiring referral of care for repair including but not limited to third and fourth-degree lacerations;

(D) Uncontrolled postpartum bleeding;

(E) Increasingly painful or enlarging hematoma;

(F) Development of pre-eclampsia; and

(G) Signs or symptoms of shock unresponsive to treatment.

(d) INFANT ABSOLUTE RISK CRITERIA:

(A) Apgar less than 7 at 10 minutes of age;

(B) Respiration rate greater than 100 within the first two hours postpartum, and greater than 80 thereafter, lasting more than one hour without improvement;

(C) Persistent nasal flaring, grunting, or retraction after one hour of life without improvement;

(D) Seizures;

(E) Apnea;

(F) Central cyanosis;

(G) Large or distended abdomen;

(H) Any condition requiring more than 12 hours of observation postbirth;

(I) Persistent poor suck, hypotonia or a weak or high-pitched cry;

(J) Persistent inability to maintain temperature between 97-100 degrees Fahrenheit;

(K) Persistent projectile vomiting or emesis of fresh blood; and

(L) Signs and symptoms of infection in the infant.

(3) "Non-absolute" means a condition or clinical situation that places a mother or baby at increased obstetric or neonatal risk, but does not automatically exclude a mother and baby from an out-of-hospital birth.

(4) When a mother or baby presents with one or more non-absolute risk factors, the LDM must:

(a) Arrange for the transfer of care of the mother or baby; or

(b) Comply with all of the following:

(A) Consult with at least one Oregon licensed health care provider regarding the non-absolute risk factors present.

(B) Discuss the non-absolute risk(s) with the mother, including:

(i) Possible adverse outcomes;

(ii) Whether an out-of-hospital birth is a reasonably safe option based upon the risk(s) present;

(iii) The anticipated risk(s) and the likelihood of reducing or eliminating said risks;

(iv) The midwife's experience with said risk(s);

(v) The ease and time involved in accomplishing transport or transfer of care;

(vi) Recommendation(s) given by the consulting Oregon licensed health care provider(s); and

(vii) Recommendation(s) given by the LDM to the mother.

(C) Document discussion of information listed in subsection (B).

(D) To the extent the LDM acts contrary to the recommendations given by the consulting Oregon licensed health care provider, the LDM must document the justification.

(E) Informed consent must be obtained and documented in records.

(5) The following are non-absolute risk factors:

(a) MATERNAL ANTEPARTUM NON-ABSOLUTE RISK CRITERIA:

(A) Conditions that could negatively affect maternal or fetal status that require ongoing medical supervision or ongoing use of medications;

(B) Inappropriate fetal size for gestation;

(C) Significant second or third trimester bleeding;

(D) Abnormal fetal cardiac rate or rhythm;

(E) Decreased fetal movement;

(F) Uterine anomaly;

(G) Anemia (hematocrit less than 30 or hemoglobin less than 10 at term);

(H) Seizure disorder requiring prescriptive medication;

(I) Platelet count of less than 75,000;

(J) Isoimmunization to blood factors;

(K) Psychiatric disorders;

(L) History of thrombophlebitis and hemoglobinopathies;

(M) Dichorionic, diamniotic twins;

(N) Monochorionic, diamniotic twins;

(O) Known fetal anomalies that require medical attention at birth;

(P) Two cesarean sections without previous successful vaginal birth;

(Q) Three cesarean sections with a previous successful vaginal birth;

(R) Blood coagulation defect;

(S) Significant glucose intolerance unresponsive to dietary and exercise intervention;

(T) Gestational diabetes well controlled with diet or oral glycemic medications; and

(U) Primary herpes outbreak.

(b) INTRAPARTUM NON-ABSOLUTE RISK CRITERIA:

(A) No prenatal care or unavailable records;

(B) History of substance abuse during this pregnancy;

(C) Signs and symptoms of infection including but not limited to a temperature 100.4 degrees Fahrenheit or higher with adequate hydration in the mother;

(D) Labor or premature rupture of membrane from 35 to 36 weeks gestation;

(E) Frank and complete breech presentation, as determined by vaginal examination;

(F) Lack of adequate progress in second stage:

(i) Lack of adequate progress in vertex presentation is when there is no progress after a maximum of three hours in cases with full dilation, ruptured membranes, strong contractions and sufficient maternal effort; and

(ii) Lack of adequate progress in breech presentation is when there is no progress in descent after a maximum of one hour in cases with full dilation, ruptured membranes, strong contractions and sufficient maternal effort.

(c) MATERNAL POSTPARTUM NON-ABSOLUTE RISK CRITERIA:

(A) Signs and symptoms of infection;

(B) Any condition requiring more than 12 hours of postpartum observation;

(C) Retained placenta greater than two hours with no unusual bleeding;

(D) Evidence of urinary retention that cannot be resolved in an out-of- hospital setting; and

(d) INFANT NON-ABSOLUTE RISK CRITERIA:

(A) Apgar less than 7 at five minutes without improvement;

(B) Weight less than 2,270 grams (five lbs.);

(C) Failure to void within 24 hours or stool within 48 hours from birth;

(D) Excessive pallor, ruddiness, or jaundice at birth;

(E) Any generalized rash at birth;

(F) Birth injury such as facial or brachial palsy, suspected fracture or severe bruising;

(G) Baby with signs and symptoms of hypoglycemia unresolved in the out-of-hospital setting;

(H) Weight decrease in excess of 10 percent of birth weight that does not respond to treatment;

(I) Maternal-infant interaction problems;

(J) Direct Coomb's positive cord blood;

(K) Infant born to HIV positive mother;

(L) Suspected or evident major congenital anomaly;

(M) Estimated gestational age of less than 35 weeks;

(N) Maternal substance abuse identified postpartum; and

(O) Cardiac irregularities, heart rate less than 80 or greater than 160 (at rest) without improvement, or any other abnormal or questionable cardiac findings.

(6) For the purpose of this rule “transfer of care” means the process whereby any LDM who has been providing care relinquishes this responsibility to a hospital or to licensees under ORS Chapter 682.

(a) The LDM must provide the following at the time of transfer, to the hospital or licensees under ORS Chapter 682: medical history, prenatal flow sheet, diagnostic studies, laboratory findings, and maternal and baby care notes through time of transfer;

(b) In cases of emergency, at the time of transfer, the LDM must provide the records required in subsection (a) to the hospital or licensees under ORS Chapter 682, including notes for care provided during the emergency, if available. If notes are not available, an oral summary of care during the emergency must be made available to the hospital or licensees under ORS Chapter 682; and

(c) Under no circumstances shall the midwife leave the mother or baby until such a time that transport is arranged and another Oregon licensed health care provider or a licensee under ORS Chapter 682 assumes care.

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

(8) For the purpose of this rule “Oregon licensed health care provider” means a physician or physician assistant licensed under ORS 677, a certified nurse midwife or nurse practitioner licensed under ORS 678, a naturopath licensed under ORS 685, or a licensed direct entry midwife licensed under ORS 687.

Statutory/Other Authority: ORS 676.605, 676.615, 687.480 & 687.485
Statutes/Other Implemented: ORS 676.605, 676.615, 687.480 & 687.485

History:
DEM 5-2011, f. & cert. ef. 9-26-11
DEM 1-2011(Temp), f. & cert. ef. 4-4-11 thru 9-27-11
DEM 6-2010, f. 12-30-10, cert. ef. 1-1-11
DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04
DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02
DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02
DEM 3-2000, f. 9-29-00, cert. ef. 10-1-00
DEM 2-2000(Temp), f. 8-22-00, cert. ef. 8-22-00 thru 2-17-01
DEM 2-1999, f. 12-17-99, cert. ef. 12-20-99
DEM 1-1999(Temp), f. 9-1-99, cert. ef. 9-9-99 thru 2-29-00
DEM 2-1998, f. 4-14-98, cert. ef. 4-15-98
DEM 1-1994, f. & cert. ef. 6-15-94
DEM 1-1993(Temp), f. & cert. ef. 12-22-93

332-025-0022

Mother and Baby Care Practice Standards

(1) An LDM may:

(a) Order and receive laboratory and ultrasound results;

(b) Order and receive fetal surveillance testing and results.

(c) Fit barrier methods of contraception, if qualified to fit barrier methods of contraception.

(2) For mother and baby care practice standards the agency and board adopt by reference the MANA core competencies, current version as approved by MANA. Reference http://mana.org/manacore.html for current version.

(3) In addition to and not in lieu of the MANA core competencies, an LDM must adhere to the following mother and baby care practice standards:

(a) Care During Pregnancy (Antepartum) — The LDM must:

(A) Provide health care, support and information to the mother throughout pregnancy;

(B) Determine the need for consultation or referral as appropriate;

(C) Provide a mechanism that ensures 24 hour coverage for the practice;

(D) Assess, identify, evaluate and support maternal and fetal well-being throughout the process of pregnancy;

(E) Thoroughly educate and counsel mother regarding the childbearing cycle;

(F) Identify preexisting conditions in a woman's health history that are likely to influence her well-being when she becomes pregnant;

(G) Educate mother regarding nutritional requirements of pregnant mother and provide methods of nutritional assessment and counseling;

(H) Educate mother regarding changes in emotional, psychosocial and sexual variations that may occur during pregnancy;

(I) Identify and educate mother regarding environmental and occupational hazards for pregnant mother.

(J) Educate mother regarding genetic factors that may indicate the need for counseling, testing or referral;

(K) Educate mother regarding the growth and development of the unborn baby;

(L) Identify and educate mother regarding indications for, risks and benefits of bio-technical screening methods and diagnostic tests used during pregnancy;

(M) Educate mother regarding anatomy, physiology and evaluation of the soft and bony structures of the pelvis;

(N) Exercise palpation skills for evaluation of the fetus and uterus;

(O) Assess and educate mother regarding causes and treatment of the common discomforts of pregnancy;

(P) Identify implications of and appropriate treatment for various infections, disease conditions and other problems that may affect pregnancy;

(Q) Identify and educate of special needs of the Rh(D)-negative woman;

(R) Begin fetal surveillance testing no later than 41 weeks and three days by arranging one or more of the following:

(i) Biophysical profile weekly and non-stress test bi-weekly;

(ii) Biophysical profile weekly and auscultated acceleration testing bi-weekly;

(iii) Amniotic fluid index and non-stress test bi-weekly; or

(iv) Amniotic fluid index and auscultated acceleration testing bi-weekly.

(S) If the mother declines fetal surveillance testing listed in subsection (R) of this rule, the LDM must document refusal, initialed by the mother, and provide auscultated acceleration testing bi weekly beginning no later than 41 weeks and three days until delivery.

(T) If the LDM is denied access to fetal surveillance testing listed in subsection (R) of this rule, the LDM must document the place, date, time, and name of individual who denied access in the mother's records. If access to fetal surveillance testing is denied, then the LDM must perform auscultated acceleration testing bi weekly beginning no later than 41 weeks and three days until delivery.

(U) When risk factors that could impair fetal or placental circulation are present at any time during the pregnancy, an LDM must obtain fetal surveillance testing when the risk factors are identified.

(V) If the mother declines fetal surveillance testing or if the LDM is denied fetal surveillance testing, an LDM must follow board approved practice standards for auscultated acceleration testing, including: utilizing the auscultated acceleration testing graph; following the procedure provided for the graph; and complying with interpretation requirements for the graph. Graph, procedure and interpretation requirements are available on the agency Web site at http://egov.oregon.gov/OHLA/DEM/forms.shtml.

(b) Care During Labor, Birth and Immediately Thereafter (Intrapartum) — the LDM must:

(A) Provide health care, support and information to the mother throughout labor, birth and the hours immediately thereafter;

(B) Determine the need for consultation or referral as appropriate;

(C) Make appropriate and ongoing risk assessment and document maternal and fetal status and response throughout labor;

(D) Evaluate maternal and fetal well-being during labor, birth and immediately thereafter, including relevant historical data;

(E) For mothers and babies without signs of risk factors, during the active phase of the first stage of labor, evaluate the fetal heart rate at least every 30 to 60 minutes, listening toward the end of a contraction and for at least 30 seconds after;

(F) For mothers and babies with risk factors, auscultate fetal heart tones more frequently than every 30 to 60 minutes and listen through contractions as indicated in the active stage of labor;

(G) Auscultate fetal heart tones approximately every 5 to 10 minutes or after every contraction, as indicated, with active pushing;

(H) Assess birthing environment, assuring that it is clean, safe and supportive, and that appropriate equipment and supplies are on hand;

(I) Assess emotional responses and their impact during labor, birth and immediately thereafter;

(J) Provide comfort and support measures during labor, birth and immediately thereafter;

(K) Evaluate fetal and maternal anatomy and their interactions as relevant to assessing fetal position and the progress of labor;

(L) Utilize techniques to assist and support the spontaneous vaginal birth of the baby and placenta;

(M) Assess and meet fluid and nutritional requirements during labor, birth and immediately thereafter;

(N) Assess and support maternal rest and sleep as appropriate during the process of labor, birth and immediately thereafter;

(O) Assess causes of, evaluate and treat variations that occur during the course of labor, birth and immediately thereafter;

(P) Provide appropriate support for the newborn's transition during the first minutes and hours following birth;

(Q) Evaluate and care for perineum and surrounding tissues; and

(R) Before the LDM leaves or the family is discharged, the placenta must be delivered and the mother's general condition, blood pressure, pulse, temperature, fundus, lochia, and ability to ambulate and urinate must be assessed. Mother's and baby's condition must be found to be within normal limits.

(c) Care After Delivery (Postpartum Care) — The LDM must:

(A) Provide health care, support and information to the mother throughout the postpartum period;

(B) Determine the need for consultation or referral as appropriate;

(C) Assess anatomy and physiology of the mother during the postpartum period;

(D) Educate mother regarding lactation support and appropriate breast care including evaluation of, identification of and treatments for problems with nursing;

(E) Evaluate and promote maternal well-being;

(F) Assess causes of, evaluate and treat maternal discomfort;

(G) Evaluate and educate emotional, psychosocial and sexual variations;

(H) Monitor and educate mother regarding maternal nutritional requirements during including methods of nutritional evaluation and counseling;

(I) Assess causes of, evaluate and treat problems arising during the postpartum period, consulting as necessary;

(J) Provide family with written and verbal postpartum instructions; and

(K) Provide support, information and referral for family planning methods, as the individual woman desires.

(d) Newborn Care — The LDM must:

(A) Provide health care to the newborn;

(B) Provide support and information to parents regarding newborn care;

(C) Determine the need for consultation or referral as appropriate;

(D) Evaluate anatomy and physiology of newborn and support of the newborn's adjustment during the first days and weeks of life;

(E) Evaluate newborn wellness including relevant historical data and gestational age;

(F) Assess and educate the mother regarding nutritional needs of the newborn;

(G) Educate mother regarding state laws concerning indications for, administration of, and the risks and benefits of prophylactic bio-technical treatments and screening tests commonly used during the neonatal period;

(H) Educate mother regarding causes of, assessment of, appropriate treatment and emergency measures for newborn problems and abnormalities;

(I) Adhere to state guidelines for the administration of vitamin K and ophthalmic prophylaxis pursuant to ORS 433.306 and OAR 333-021-0800; and

(J) Ensure infant metabolic screening is performed and documented according to the Department of Human Services recommendations unless the mother declines, as provided ORS Chapter 432 and OAR 333-024-0205 through 0235.

(4) Declined Procedure: In the event the mother refuses any testing or procedures required by administrative rule or recommended by the LDM, the LDM must document discussion with the mother of why the test or procedure is required or recommended, and document the mother's refusal of the test or procedures, including the mother's signature in the chart. In addition, the LDM must follow the requirements of ORS Chapter 432, 433.306, OAR 333-021-0800 and 333-024-0205 through 0235 when the mother declines administration of vitamin K or infant metabolic screening.

Stat. Auth.: 676.605, 676.615, 687.480 & 687.485
Stats. Implemented: 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

332-025-0030 [Renumbered to **332-026-0000]**

332-025-0040 [Renumbered to **332-026-0010]**

332-025-0050 [Renumbered to **332-026-0020]**

332-025-0060 [Renumbered to **332-026-0030]**

332-025-0070 [Renumbered to **332-025-0110]**

332-025-0080 [Renumbered to **332-025-0120]**

332-025-0100 [Renumbered to **332-025-0130]**

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 eight hours of Subsequent Renewal Continuing Education related to training in intravenous antibiotics for Group B Streptococcal 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.

Statutory/Other Authority: ORS 487.485 & 676.615
Statutes/Other Implemented: ORS 687.425, 687.480, 687.485, 676.606 & 676.607
History:
DEM 2-2015, f. & cert. ef. 7-1-15

Reverted to Renumbered from 332-025-0070, DEM 5-2011, f. & cert. ef. 9-26-11
DEM 1-2014(Temp), f. 12-31-14, cert. ef. 1-2-15 thru 6-27-15
Renumbered from 332-025-0070, DEM 5-2011, f. & cert. ef. 9-26-11
DEM 6-2010, f. 12-30-10, cert. ef. 1-1-11

332-025-0120

Informed Consent Practice Standards

(1) Informed consent means the consent obtained following a thorough and easily understood explanation of the information to the mother or mother's guardian.

(2) The explanation must be both verbal and written.

(3) An LDM must document the verbal explanation and the written informed consent process in the client's record. Informed consent information must include the following:

(a) Definition of procedure or process;

(b) Benefits of procedure or process;

(c) Risk(s) of procedure or process;

(d) Description of adverse outcomes;

(e) Risk of adverse outcomes; and

(f) Alternative procedures or processes and any risk(s) associated with them if the alternative procedures or processes are within the practice of midwifery.

(4) An LDM must obtain mother's dated signature acknowledging she has received, reviewed, and understands the information, and has made an informed choice.

Statutory/Other Authority: ORS 487.485 & 676.615
Statutes/Other Implemented: ORS 687.425, 687.480, 687.485, 676.606 & 676.607
History:
DEM 5-2012, f. 8-31-12, cert. ef. 9-7-12
DEM 3-2012(Temp), f. & cert. ef. 5-10-12 thru 9-30-12
DEM 1-2012(Temp), f. 3-1-12, cert. ef. 4-12-12 thru 9-30-12
DEM 6-2011(Temp), f. 10-14-11, cert. ef. 10-15-11 thru 4-11-12
Renumbered from 332-025-0080, DEM 5-2011, f. & cert. ef. 9-26-11
DEM 2-2011(Temp), f. & cert. ef. 5-19-11 thru 11-15-11
DEM 6-2010, f. 12-30-10, cert. ef. 1-1-11

332-025-0125

Disclosure for Patients of Traditional Midwives

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

(2) Pursuant to ORS 687.415 a traditional midwife is prohibited from the following:

(a) Advertising that the person is a midwife; and

(b) Use of legend drugs and devices pursuant to ORS 687.493.

(3) A traditional midwife must disclose the following information to clients both verbally and in writing when the mother initially comes into care using a Board adopted form that is located on the Office's website at http://www.oregon.gov/OHLA/DEM/pages/index.aspx:

(a) That the person does not possess a professional license issued by the state;

(b) That the person's education and qualification have not been reviewed by the state;

(c) That the person is not authorized to carry and administer potentially lifesaving medications;

(d) That the risk of harm or death to a mother or newborn may increase as a result of the information described ORS 687.415(2)(b)(C) (i) and (ii);

(e) A plan for transporting the client to the nearest hospital, as defined in ORS 442.015, if a problem arises during labor or childbirth;

(f) That the client will not have recourse through a complaint process;

(g) The types of midwives who are licensed by the state; and

(h) Signature from the patient that they have been given the information both in writing and verbally.

(4) The traditional midwife must also obtain a patient signature when the mother initially comes into care on the Board's adopted form containing the information described in subsection (3). A traditional midwife must retain a copy of the signed form in the patient record and make it available to HLO upon request.

Statutory/Other Authority: ORS 676.615, 676.616, 687.410, 687.415, 687.420, 687.425, 687.445, 687.480 & 687.493
Statutes/Other Implemented: ORS 676.615, 676.616, 687.410, 687.145, 687.420, 687.425, 687.445, 687.480 & 687.493
History:
DEM 2-2014, f. 12-31-14, cert. ef. 1-1-15

332-025-0130

Practice Standards for Terminating Midwifery Care

1) The procedure for terminating midwifery care in a non-emergent situation is as follows:

(a) Provide written notice no fewer than three business days as postmarked, unless the mother is in labor or during an emergency, at which time the LDM must continue to provide midwifery care until another provider assumes care;

(b) Notice must be sent to the last known address of the mother by certified mail, return receipt requested, as well as by regular mail.

(c) Document the termination of care in the mother's records.

(2) To terminate midwifery care in an emergency, the LDM must activate the 911 emergency system and transfer care to a licensee under ORS Chapter 682.

(3) An LDM in the home setting may leave after transferring care to a licensee under ORS Chapter 682.

(4) If the mother refuses assistance from licensees under ORS Chapter 682 the LDM must continually urge the mother to transfer care to a licensee under ORS Chapter 682 and may:

(a) Continue care to save a life; and

(b) Only perform actions within the technical ability of the LDM.

(5) If the mother loses consciousness, the LDM must activate the 911 emergency system and transfer care to a licensee under ORS Chapter 682.

Statutory/Other Authority: ORS 487.485 & 676.615
Statutes/Other Implemented: ORS 687.425, 687.480, 687.485, 676.606 & 676.607
History:
Renumbered from 332-025-0100, DEM 5-2011, f. & cert. ef. 9-26-11
DEM 6-2010, f. 12-30-10, cert. ef. 1-1-11

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 intravenous antibiotics for Group B Streptococcal prophylaxis until the continuing education listed in OAR 332-020-0010 has been completed and documentation submitted to the office upon renewal in 2016.

(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.

(5) An LDM is required to obtain the continuing education for intravenous antibiotics for Group B Streptococcal prophylaxis, however an LDM is not required to administer the antibiotic.

Statutory/Other Authority: ORS 676.605, 676.615, 687.485 & 687.493
Statutes/Other Implemented: ORS 676.605, 676.615, 687.485 & 687.493
History:
DEM 2-2015, f. & cert. ef. 7-1-15
Renumbered from 332-025-0030 by DEM 5-2011, f. & cert. ef. 9-26-11
DEM 6-2010, f. 12-30-10, cert. ef. 1-1-11
DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04

DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02
DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02

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) Intravenous antibiotics for Group B Streptococcal prophylaxis is limited to the following and is only to be used solely for the purpose of Group B Streptococcal prophylaxis:

(a) Penicillin;

(b) Ampicillin;

(c) Cefazolin; or

(d) Clindamycin.

Statutory/Other Authority: ORS 676.605, 676.615, 687.485 & 687.493
Statutes/Other Implemented: ORS 676.605, 676.615, 687.485 & 687.493
History:
DEM 2-2015, f. & cert. ef. 7-1-15
Renumbered from 332-025-0040 by DEM 5-2011, f. & cert. ef. 9-26-11
DEM 1-2011(Temp), f. & cert. ef. 4-4-11 thru 9-27-11
DEM 6-2010, f. 12-30-10, cert. ef. 1-1-11
DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04
DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02
DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02

332-026-0020

Approved Legend Drugs For Neonatal Use

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

(1) Eye Prophylaxis for disease of the newborn is limited to Erythromycin Ophthalmic (0.5%) Ointment (Ilotycin, AK-Mycin and generics).

(2) Prophylaxis for hemorrhagic disease of the newborn for oral use is limited to Mephyton.

(3) Prophylaxis for hemorrhagic disease of the newborn for intramuscular injection includes:

(a) AquaMephyton; and

(b) Konakion.

(4) Resuscitation is limited to medical oxygen.

Statutory/Other Authority: ORS 676.605, 676.615, 687.485 & 687.493
Statutes/Other Implemented: ORS 676.605, 676.615, 687.485 & 687.493
History:
Renumbered from 332-025-0050 by DEM 5-2011, f. & cert. ef. 9-26-11
DEM 6-2010, f. 12-30-10, cert. ef. 1-1-11
DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04
DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02
DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02

332-026-0030

Approved Devices

Licensees may use or provide as appropriate the following devices as approved by the board:

(1) Devices for injection of medications including:

(a) Needles; and

(b) Syringes.

(2) Devices for administration of intravenous fluids including:

(a) Drip sets; and

(b) Catheters.

(3) Devices for maternal and neonatal resuscitation including:

(a) Suction devices;

(b) Oxygen-delivery devices; and

(c) Bag-Valve-Mask-Sets.

(4) Devices for rupturing the amniotic sac.

(5) Devices for repairing the perineal area including:

(a) Sutures;

(b) Instruments for completing a repair; and

(c) Local anesthetic administration devices.

(6) Barrier methods of contraception.

Statutory/Other Authority: ORS 183, 487.485 & 687.493
Statutes/Other Implemented: ORS 183, 687.485 & 687.493
History:
Renumbered from 332-025-0060 by DEM 5-2011, f. & cert. ef. 9-26-11
DEM 6-2010, f. 12-30-10, cert. ef. 1-1-11
DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02
DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02

DIVISION 40

FEES

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: $800 for one year.

(d) Renewal — License: $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.

(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.

Statutory/Other Authority: ORS 676.607, 676.615 & 687.435
Statutes/Other Implemented: ORS 676.607 & 687.435
History:
DEM 1-2015, f. 6-30-15, cert. ef. 7-8-15
DEM 4-2012, f. & cert. ef. 7-25-12
DEM 2-2012(Temp), f. & cert. ef. 3-9-12 thru 9-5-12
DEM 7-2011(Temp), f. 12-20-11, cert. ef. 1-1-12 thru 6-29-12
DEM 4-2011, f. & cert. ef. 9-26-11