



Board of Direct Entry Midwifery

OREGON ADMINISTRATIVE RULES

(UNOFFICIAL COPY)

CHAPTER 332, DIVISION 010 – 040

PERMANENT RULES EFFECTIVE

APRIL 1, 2020



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

**Health Licensing Office, Board of Direct Entry Midwifery
Oregon Administrative Rules, Chapter 332, Division 010 – 040
Permanent Rules Effective: April 1, 2020
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**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

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**Division 15
DEFINITIONS & LICENSING**

**332-015-0000
Definitions**

The following definitions as used in OAR 332-015-0000 through 332-040-0000:

- (1) "Antepartum" and "prenatal" means the period of time from conception to the onset of labor.
- (2) "Board" means the State Board of Direct Entry Midwifery.
- (3) "Community birth" means birth in a home or birth center with a midwife.
- (4) "Intrapartum" means the period of time from the onset of labor through the birth of the placenta.
- (5) "LDM" means a licensed direct entry midwife.
- (6) "MANA" means the Midwives Alliance of North America.
- (7) "MEAC" means the Midwifery Education and Accreditation Council.
- (8) "NARM" means the North American Registry of Midwives.
- (9) "Newborn" means a child less than one month of age.
- (10) "Office" means the Health Licensing Office.
- (11) "Postpartum" means the period of time immediately after and up to eight weeks following a person giving birth.
- (12) "Traditional Midwife" has the meaning set forth in ORS 687.415.
- (13) "Transfer of care" or "transfer care" means the process whereby any LDM who has been providing midwifery care relinquishes responsibility to a physician or physician assistant licensed under ORS 677, a nurse practitioner who is licensed as a nurse midwife under ORS 678 or nurse practitioner licensed under ORS 678, a naturopath licensed under ORS 685, emergency services personnel under ORS 682, or a hospital.

Statutory/Other Authority: ORS 676.615, ORS 687.405, ORS 687.415 & ORS 687.420

Statutes/Other Implemented: ORS 687.405, ORS 687.415 & ORS 687.420

History:

[DEM 3-2019, amend filed 12/19/2019, effective 01/01/2020](#)

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

DEM 5-2011, f. & cert. ef. 9-26-11

For an official copy of the Oregon Administrative Rules, please go to the Secretary of State website:
http://sos.oregon.gov/archives/Pages/oregon_administrative_rules.aspx or call (503) 373-0701

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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 active 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, ORS 676.572 & ORS 687.420

Statutes/Other Implemented: ORS 687.420

History:

[DEM 3-2019, amend filed 12/19/2019, effective 01/01/2020](#)

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

332-015-0030

Application Requirements Direct Entry Midwifery License

- (1) An individual applying for licensure to practice direct entry midwifery must:
- (a) Meet the requirements of OAR 331 Division 30;
 - (b) Submit a completed application on a form prescribed by the Office, which must contain the information listed in OAR 331-030-0000 and be accompanied by the required application and license fees;
 - (c) Submit proof of being currently certified in cardiopulmonary resuscitation for infants and adults pursuant to ORS 687.420;
 - (d) Submit proof of being currently certified in neonatal resuscitation;
 - (e) Submit a written plan for emergency transport for birthing person or newborn pursuant to OAR 332-025-0020; and
 - (f) Submit proof of having current Certified Professional Midwife credential from NARM.
- (2) In addition to the requirements listed in subsection (1) of this rule and pursuant to ORS 687.420, an applicant must show proof of having participated in:

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- (a) 25 deliveries as an assistant.
 - (b) 25 deliveries as the primary or the primary under supervision.
 - (c) 100 prenatal care visits, 25 newborn examinations, and 40 postnatal examinations.
 - (d) 10 deliveries where continuity of care was provided as an assistant or primary care provider. The continuity of care must include four prenatal visits, one newborn examination, and one postpartum exam for each of the 10 deliveries.
- (3) Of the 50 births listed in subsection (2) of this rule, at least 25 deliveries must have taken place as a community birth and 10 births must have occurred within the two years before the date of application.
- (4) For the purpose of this rule, experience as an assistant, primary or primary under supervision must have been obtained in one of the following ways:
- (a) As an Oregon licensed health care practitioner while the services provided were within the scope of the practitioner's license;
 - (b) As a traditional midwife providing services in Oregon pursuant to ORS 687.415(2)(b);
 - (c) As an individual supervised by an LDM; or
 - (d) Under other lawful means.
- (5) If the applicant received the Initial Legend Drugs and Devices continuing education prior to applying for licensure, it must have been obtained within two years before the date of application. If applicant receives the continuing education within 12 months after 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 Office.
- (6) If the applicant has not received the Initial 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 676.615, ORS 687.415, ORS 687.420 & ORS 687.485

Statutes/Other Implemented: ORS 687.415, ORS 687.420 & ORS 687.485

History:

[DEM 3-2019, amend filed 12/19/2019, effective 01/01/2020](#)

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

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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) An LDM must show proof of valid license or post the license document in public view at the LDM's primary workplace.

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(2) An LDM must carry the license identification card (pocket card) or post the official license in plain view anytime services are being provided.

Statutory/Other Authority: ORS 676.615, ORS 676.572 & ORS 687.485

Statutes/Other Implemented: ORS 676.572 & ORS 687.485

History:

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

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**Division 20
RENEWAL AND CONTINUING EDUCATION REQUIREMENTS**

332-020-0000

License Issuance and Renewal

(1) LICENSING: An LDM 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. To renew, an LDM must:

(a) Submit a renewal application form;

(b) Submit payment of renewal fee;

(c) Attest to having obtained required continuing education under OAR 332-020-0010, on a form prescribed by the Office;

(d) Attest to being currently certified in cardiopulmonary resuscitation for infants and adults pursuant to ORS 687.425;

(e) Attest to being currently certified in neonatal resuscitation;

(f) Attest to having reported all births where the LDM was the primary midwife to MANAstats database pursuant to OAR 332-020-0017; and

(g) Attest to having participated in peer review pursuant to 332-025-0015.

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

(a) Submit a renewal application form;

(b) Submit payment of renewal and delinquency fees;

(c) Attest to having obtained required continuing education under OAR 332-020-0010, on a form prescribed by the Office, whether license is current or inactive;

(d) Attest to being currently certified in cardiopulmonary resuscitation for infants and adults pursuant to ORS 687.425;

(e) Attest to being currently certified in neonatal resuscitation;

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(f) Attest to having reported all births where the LDM was the primary midwife to MANAstats database pursuant to OAR 332-020-0017; and

(g) Attest to having participated in peer review pursuant to 332-025-0015.

(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 676.568, ORS 676.572, ORS 676.576, ORS 87.425 & ORS 687.493

Statutes/Other Implemented: ORS 676.572 & ORS 87.425

History:

[DEM 3-2019, amend filed 12/19/2019, effective 01/01/2020](#)

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 at least 35 continuing education hours every two years from the date of initial licensure, and every two years thereafter. Continuing education must be related to the services listed in ORS 687.405, cultural competency, patient charting, ethics, communication, or professional development.

(2) In addition to the requirements listed in section (1) of this rule five (5) of the 35 hours listed in subsection (1) of this rule must be related to legend drugs and devices pursuant to OAR Chapter 332, Division 26, which must include at least one (1) of the following:

(a) Pharmacology covering drugs listed in ORS 687.493, OAR 332-026-0010 and 332-026-0020.

(b) Administration of medications through injection.

(c) Advanced treatment of shock.

(d) Intravenous therapy.

(e) Suturing.

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(3) Initial Legend Drugs and Devices Continuing Education: An LDM must complete 40 hours of instruction in an approved curriculum prior to purchasing or administering legend drugs and devices listed in OAR Chapter 332, Division 26 of these rules or by the date of first renewal following initial licensing as an LDM. The initial continuing education is comprised of theory, hands-on practice, and skills testing for competency which must include:

(a) 10 hours in pharmacology, covering drugs listed in ORS 687.493, OAR Chapter 332, Division 26 including.

(b) Four (4) hours of administration of medications through injection.

(c) Four (4) hours in advanced treatment of shock.

(d) 12 hours in intravenous therapy.

(e) 10 hours in suturing.

(4) In addition to the requirements listed in subsection (1) of this rule and in accordance with ORS 687.425, an LDM who has attended fewer 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 license renewal cycle. The additional 10 hours of continuing education must be related to subjects listed in subsection (1) of this rule. An example pertaining to the timing of when the additional 10 hours of continuing education must be obtained is: An LDM who held a license from April 2018 to April 2019 who attended fewer than five births during that time period must obtain an additional 10 continuing education hours between April 2019 and April 2020.

(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 body.

(b) Institutions or programs approved by the Oregon Higher Education Coordinating Commission.

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

(d) Any Board-approved professional organization, or association, hospital, or health care clinic offering continuing education related to the subject matter listed above.

(6) Continuing education relating to the 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.

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- (7) Up to 10 hours of continuing education relating to subject matter listed in subsection (1) of this rule may be completed through self-study that may include clinical service learning. Documentation substantiating the completion of continuing education through self-study must be submitted on forms provided by the Office.
- (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 Office. Adequate proof of participation is listed under OAR 332-020-0015(3).
- (9) Hours of continuing education that are obtained in excess of the minimum requirements listed in this rule will not be carried forward.
- (10) Documentation of participation in continuing education requirements must be maintained for five (5) years following renewal and must be available to the Office upon request.
- (11) For the purpose of this rule, continuing education must include periods of continuous instruction and education. One hour of continuing education is one hour of actual class time, not to include breaks, rest periods, travel, registration or meals.
- (12) A copy of Board-approved curriculum objectives for legend drugs and devices program is available at the Health Licensing Office or on the Office website. Payment of administrative fees may be required. Refer to OAR 331-010-0030 for applicable public record request fees.
- (13) Requirements listed under OAR 332-020-0000 cannot be used towards the continuing education requirements listed in this rule.

Statutory/Other Authority: ORS 687.425 & ORS 676.615

Statutes/Other Implemented: ORS 687.425

History:

[DEM 3-2019, amend filed 12/19/2019, effective 01/01/2020](#)

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

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332-020-0015

Continuing Education: Audit and Required Documentation

- (1) The Office will audit a select percentage of licenses determined by the Board to verify compliance with continuing education requirements.
- (2) An LDM notified of selection for audit of continuing education attestation must submit to the Office, within 30 calendar days from the date of notification, satisfactory evidence of participation in required continuing education in accordance with OAR 332-020-0010.
- (3) If selected for audit, an LDM must provide documentation of the required continuing education. Documentation must include:
 - (a) Certificate of completion, official transcript, statement or affidavit from the sponsor attesting to attendance or other documentation approved by the Office;
 - (b) Name of sponsoring institution, association, or organization;
 - (c) Title of presentation and description of content;
 - (d) Name of instructor or presenter;
 - (e) Date of attendance and duration in hours; and
 - (f) Course agenda.
- (4) If documentation of continuing education is incomplete, the licensee has 30 calendar days from the date of the notice sent to the licensee to submit further documentation to substantiate having completed the required continuing education.
- (5) An LDM notified of having been selected for an audit must show proof of having:
 - (a) Participated in peer review pursuant to OAR 332-025-0015.
 - (b) The required certification in cardiopulmonary resuscitation for infants and adults.
 - (c) The required certification in neonatal resuscitation.
 - (d) Reported all births pursuant to OAR 332-020-0117.
- (6) Documentation listed in subsection (5) of this rule must be kept and maintained for five years following renewal and must be available to the Office upon request.

Statutory/Other Authority: ORS 676.568, ORS 676.615 & ORS 687.425

Statutes/Other Implemented: ORS 687.425

History:

[DEM 3-2019, amend filed 12/19/2019, effective 01/01/2020](#)

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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

In accordance with ORS 687.425, for renewal of a license an individual licensed as an LDM must attest to having submitted data on every birthing person and newborn electronically to the MANAstats database on any form prescribed by MANA, and in accordance with the policies and procedures established by MANA.

Statutory/Other Authority: ORS 676.568 & ORS 676.615

Statutes/Other Implemented: ORS 687.425

History:

[DEM 3-2019, amend filed 12/19/2019, effective 01/01/2020](#)

DEM 5-2011, f. & cert. ef. 9-26-11

DEM 5-2010, f. 12-30-10, cert. ef. 1-1-11

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Division 25
PRACTICE STANDARDS

332-025-0015

Peer Review and Sentinel Events

- (1) Pursuant to ORS 687.480, an LDM must participate in peer review.
- (2) "Peer review" means the candid review and evaluation, subject to ORS 41.675, of midwifery practice. The objective of peer review includes: reviewing the care provided, making recommendations for quality improvement, and identifying areas where additional education or skills training is needed.
- (3) An LDM must participate in at least two peer review sessions per year, regardless of the number of births attended.
 - (a) Each peer review must be conducted with at least two other LDMs, one of which must be outside the LDM's practice.
 - (b) Each peer review must be conducted with providers who perform community births.
- (4) At least one of the peer review sessions discussed in subsection (3) of this rule must be conducted through an entity. The peer review must meet the following requirements:
 - (a) The entity through which the peer review occurs must consist of more than five LDMs.
 - (b) The entity through which the peer review occurs must be an entity that reviews the quality of professional midwifery care provided by the LDM.
 - (c) The peer review must be conducted with at least two other LDMs, one of which must be outside the LDMs practice.
 - (d) The peer review must be conducted with providers who perform community birth.
- (5) An LDM who has had one of the following sentinel events must have the sentinel event reviewed within 90 days of the event by the entity described under subsection (4) of this rule:
 - (a) Maternal hospitalization for infection;
 - (b) Maternal hospitalization requiring blood transfusion;
 - (c) Uterine rupture;
 - (d) Maternal or neonatal death;

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(e) Neonate admitted to Neonatal Intensive Care Unit within 72 hours (except for observation or anomaly); or

(f) Transfer care deemed emergent by the LDM.

Statutory/Other Authority: ORS 676.615, ORS 687.425 & ORS 687.480

Statutes/Other Implemented: ORS 687.425 & ORS 687.480

History:

DEM 3-2019, adopt filed 12/19/2019, effective 01/01/2020

332-025-0020

General Practice Standards

(1) An LDM must include the designation LDM after their name when completing birth certificates.

(2) In accordance with ORS 687.480 and 687.493, an LDM must maintain equipment and appropriate legend drugs and devices consistent with the information the LDM provides to the client in the patient disclosure form.

(3) An LDM must adhere to all applicable Centers for Disease Control and Prevention standards.

(4) An LDM must dispose of pathological waste resulting from the birth process in accordance with the Oregon Health Authority, Public Health Division under OAR 333 Division 56 including incineration of pathological waste.

(5) An LDM must comply with local government requirements relating to burial on private property.

(6) Pursuant to ORS 687.480, an LDM must maintain a “patient disclosure form” that provides current and accurate information to prospective clients. An LDM must provide the client with the patient disclosure form. The patient disclosure form must include, but is not limited to:

(a) Services provided to birthing person and newborn

(b) Types of legend drugs and devices the LDM uses in their practice.

(c) Responsibilities of the birthing person and their family.

(d) Fees for services including financial arrangements.

(e) If the LDM has malpractice coverage or does not have malpractice coverage.

(f) A copy of risk assessment criteria as listed in OAR 332-025-0021. Risk criteria may be provided electronically or hard copy.

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- (g) If the LDM has obtained legend drugs and devices training or has not obtained the training.
- (h) Signature of birthing person and date of signature documenting discussion and receipt of patient disclosure form.
- (7) An LDM must maintain a written plan for emergency transport and must discuss the plan with the birthing person pursuant to ORS 687.480.
- (8) The LDMs records must include the dated signature of the birthing person documenting discussion of emergency transport plan.
- (9) An LDM must maintain complete and accurate records documenting the course of midwifery care as listed under OAR 332-025-0110.
- (10) An LDM must register all births with the Oregon Health Authority, Public Health Division, Center for Health Statistics as provided in ORS Chapter 432 and OAR Chapter 333, Division 011.

Statutory/Other Authority: ORS 676.615, ORS 687.480 & ORS 432

Statutes/Other Implemented: ORS 687.480 & ORS 432

History:

DEM 3-2019, amend filed 12/19/2019, effective 01/01/2020

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

- (1) Recognizing the importance of collaborative maternal health care, when determining the appropriateness of community birth, an LDM must assess risks, including ongoing and cumulative risks, by using clinical skills and expertise, relevant state rules and laws, principles of informed choice, midwifery core competencies, the setting of practice and access to higher levels of care, and careful consideration of selection criteria.

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- (2) When an indication to transfer presents the LDM must transfer care as defined in OAR 332-015-0000(13). If the birthing person or newborn present with any of the following indications 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 birthing person 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 transfer of care.
- (3) The timing for when arranging transportation and transfer of care in subsection (2) of this rule must occur is tied to the degree of risk of the indication to transfer.
- (4) If a client refuses transfer of care, the midwife must terminate midwifery care. The timing for when termination of care must occur is tied to the degree of risk of the indication to transfer. The LDM may immediately terminate midwifery care orally and then provide written notice to the client or relinquish care to a licensee under ORS 682.
- (5) After transferring care, an LDM may continue to provide supportive care to the client including, but not limited to, nutritional advice, education, emotional, and psychosocial support.
- (6) Upon documented resolution of an indication to transfer, an LDM may resume primary care and responsibility for the client or newborn, or both, and proceed with midwifery care.
- (7) When transferring care, 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.
- (8) In cases of emergency, at the time of transfer, the LDM must provide the records required in subsection (7) of this rule 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.
- (9) Indication to transfer - Pre-existing and historical conditions:
- (a) Active cancer.
 - (b) Active or chronic renal disease.
 - (c) Acquired immune deficiency syndrome (AIDS).

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- (d) Diabetes currently requiring oral medication or insulin.
- (e) Previous classical uterine incision, T-incision, extensive transfundal surgery or prior uterine rupture.
- (f) Three (3) cesarean sections without previous successful vaginal birth.
- (g) Four (4) or more cesarean sections.
- (10) Indication to transfer - Antepartum:
 - (a) Active cancer.
 - (b) Acquired Immune Deficiency Syndrome (AIDS).
 - (c) Ectopic pregnancy.
 - (d) Active substance abuse.
 - (e) Deep venous or any treated thromboembolic disease.
 - (f) Higher order multiples (three or more).
 - (g) Monochorionic, monoamniotic twins.
 - (h) Twin-to-twin transfusion.
 - (i) Presenting twin transverse.
 - (j) Hypertension at or above 140 systolic or at or above 90 diastolic on two (2) separate occasions that are more than four (4) hours apart, or hypertension at or above 160 systolic or at or above 110 diastolic on one (1) occasion.
 - (k) Pre-eclampsia or eclampsia.
 - (l) Placenta less than 2.0 centimeters from internal os not resolved by onset of labor and as determined by ultrasound evidence.
 - (m) Evident or suspected placenta accreta.
 - (n) Hemoglobin under nine (9) unresponsive to treatment at term.
 - (o) Abnormal fetal surveillance testing including, but not limited to, biophysical profile, non-stress test and auscultated acceleration testing.
 - (p) Pregnancy lasting longer than 43 weeks 0 days gestation (21 days past the due date).

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(11) Indication to transfer - Intrapartum:

- (a) Labor or premature rupture of membrane less than 36 and 0 weeks gestation.
- (b) Evident or suspected footling or kneeling breech and birth is not imminent.
- (c) Transverse or oblique lie at onset of labor.
- (d) Prolapsed cord or cord presentation.
- (e) Active genital herpes in the vaginal, perineal, or vulva areas in labor or with ruptured membranes.
- (f) Two (2) temperatures at 100.4 degrees Fahrenheit or 38 degrees Celsius or greater within one (1) hour or one (1) temperature at 102.2 degrees Fahrenheit or 39 degrees Celsius or greater.
- (g) Signs or symptoms of chorioamnionitis or suspected chorioamnionitis.
- (h) Excessive vomiting, dehydration, acidosis or exhaustion unresponsive to treatment.
- (i) Hypertension at or above 140 systolic or at or above 90 diastolic on two (2) separate occasions that are more than four (4) hours apart or hypertension at or above 160 systolic at or above 110 diastolic on one (1) occasion.
- (j) Pre-eclampsia or eclampsia.
- (k) Signs or symptoms of complete or partial placental abruption.
- (l) Signs or symptoms of placenta previa or suspected placenta previa.
- (m) Signs or symptoms of uterine rupture.
- (n) Persistent inability to auscultate fetal heart tones.
- (o) Persistent non-reassuring fetal status.
- (p) Thick meconium stained amniotic fluid and birth is not imminent.
- (q) Lack of adequate progress in second stage in breech presentation, which means no progress in descent after a maximum of one (1) hour of active pushing in cases with complete dilation and ruptured membranes.
- (r) Lack of adequate progress in second stage with cephalic presentation, which means no descent after a maximum of three (3) hours of active pushing in cases with complete dilation and ruptured membranes.

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- (s) Significant hemorrhage unresponsive to treatment with or without sustained vital sign instability or shock.
- (t) Signs or symptoms of shock.
- (u) Vital sign instability or altered level of consciousness unresponsive to treatment.
- (v) Retained placenta.
- (12) Indication to transfer - Postpartum:
 - (a) Significant hemorrhage unresponsive to treatment with or without sustained vital sign instability or shock.
 - (b) Laceration requiring transfer of care for repair including but not limited, to 3rd and 4th degree lacerations.
 - (c) Increasingly painful or enlarging hematoma.
 - (d) Pre-eclampsia or eclampsia.
 - (e) Signs or symptoms of uterine infection.
 - (f) Postpartum depression or mood disorder with suspicion of possible endangerment of self or others. Notwithstanding the definition of transfer of care the LDM may continue clinical postpartum care for the birthing person unless another licensed health care provider assumes clinical postpartum care.
- (13) Indication to transfer - Newborn Care:
 - (a) Apgar less than seven (7) at 10 minutes of age.
 - (d) Apnea.
 - (c) Persistent nasal flaring, grunting or retraction after one (1) hour of life without improvement.
 - (d) Persistent inability to maintain temperature between 97 to 100 degrees Fahrenheit or 36 to 37 degrees Celsius.
 - (e) Seizures.
 - (f) Central cyanosis.
 - (g) Weight less than 2,270 grams (five pounds.)
 - (h) Significantly distended abdomen.

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- (i) Unresolved pallor at birth.
- (j) Jaundice at birth or in the first 24 hours.
- (k) Persistent projectile or bilious vomiting or emesis of fresh blood.
- (l) Evident or suspected infection.

(14) "Indication for Consult" means a condition or clinical situation that places a birthing person or newborn at increased obstetric or neonatal risk but does not automatically exclude a birthing person or newborn from a community birth or midwifery care.

(15) When a birthing person or newborn present with one (1) or more indications for consult the LDM must:

- (a) Arrange for transfer of care; or
- (b) Comply with all the following:

(A) Consult with an Oregon licensed health care provider, as defined in OAR 332-025-0021(20) and (21) of this rule, who is experienced and knowledgeable about the indication for consult unless a different Oregon licensed health care provider is otherwise stated specifically within this rule;

(B) Communicate to the birthing person the recommendations given by the consulting Oregon licensed health care provider if the birthing person was not present at the consultation;

(C) Obtain informed consent in accordance with OAR 332-025-0120;

(D) Make a plan with the birthing person about the indication; and

(E) Document the recommendations, consultation, discussion, informed consent and plan.

(16) Indication for Consult - Preexisting or historical medical conditions:

- (a) Three (3) cesarean sections with a previous successful vaginal birth.
- (b) One (1) or two (2) cesarean sections without previous successful vaginal birth.
- (c) Current treatment with prescription medication for any ongoing or chronic medical conditions.
- (d) Human Immunodeficiency Virus (HIV) positive.
- (e) Syphilis.
- (f) Cardiac condition.

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- (g) Active or chronic liver disease.
- (h) Hyperthyroidism.
- (i) Pulmonary disease being currently treated or is symptomatic.
- (j) Hypertension at or above 140 systolic or at or above 90 diastolic outside of pregnancy.
- (k) Deep venous thrombosis or any treated thromboembolic event.
- (l) Thrombophlebitis.
- (m) Family history of thrombophilia.
- (n) Hemoglobinopathies.
- (o) Bleeding disorder.
- (p) Psychiatric disorders with concern for maternal and fetal safety.
- (q) Isoimmunization to blood factors.
- (r) Previous myomectomy.
- (s) Placental abruption with adverse outcomes.
- (t) Preterm pre-eclampsia.
- (u) Preterm delivery less than 34 weeks.
- (v) Obstetric hemorrhage requiring transfusion.
- (w) Fetal demise.
- (17) Indication for consult - Antepartum:
 - (a) Dichorionic, diamniotic twins.
 - (b) Monochorionic, diamniotic twins.
 - (c) Substance use disorder.
 - (d) Incomplete spontaneous abortion.
 - (e) Primary genital herpes.
 - (f) Known fetal anomalies that may require medical attention.

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- (g) Second or third trimester bleeding.
- (h) Gestational diabetes or blood glucose dysregulation well-controlled with diet and exercise.
- (i) Uterine anomaly.
- (j) Platelet count of less than 115,000.
- (k) Isoimmunization to blood factors.
- (l) Psychiatric disorders with concern for maternal and fetal safety.
- (m) Syphilis.
- (n) Human Immunodeficiency Virus (HIV) positive.
- (o) Suspected thromboembolic event.
- (p) Hemoglobinopathies.
- (q) Thrombophilia.
- (r) Confirmed or suspected cholestasis.
- (s) Breech presentation after 36 weeks. Consult for breech presentation after 36 weeks must be with a physician who provides cesarean delivery.
- (t) Hemoglobin under 10 unresponsive to treatment.
- (u) Oligohydramnios or polyhydramnios.
- (v) Abnormal fetal cardiac rate or rhythm.
- (w) Abnormally decreased fetal movement.
- (x) Abnormal hepatic or renal function test.
- (18) Indication for consult - Intrapartum:
 - (a) Hypertension at or above 140 systolic or at or above 90 diastolic.
 - (b) Frank or complete breech identified in labor and without previous consult unless birth in imminent.
- (19) Indication for consult - Postpartum:

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- (a) Hypertension at or above 150 systolic or at or above 100 diastolic on two (2) separate occasions which are more than four (4) hours apart or hypertension at or above 160 systolic or at or above 110 diastolic on one (1) occasion.
- (b) Ongoing or unresolved urinary retention.
- (c) Evident or suspected infection unresponsive to treatment.
- (20) Indication for consult - Newborn:
 - (a) Gestational age assessment of less than 36 weeks and 0 days.
 - (b) Excessive ruddiness at birth.
 - (c) Any generalized rash at birth.
 - (d) Persistent hypotonia.
 - (e) Heart rate less than 80 or greater than 160 (at rest) without improvement.
 - (f) Birth injury such as facial or brachial palsy, suspected fracture or severe bruising.
 - (g) Evident or suspected major congenital anomaly.
 - (h) Direct Coomb's positive. Consultation for Direct Coomb's positive newborns must be with a pediatric care provider.
 - (i) Evident or suspected neonatal opioid withdrawal syndrome.
 - (j) Failure to urinate within 24 hours after birth or pass stool within 48 hours after birth.
 - (k) Pulse oximeter reading of less than 90 percent on right hand at greater than 24 hours.
 - (l) Persistent cardiac murmur.
 - (m) Persistent poor feeding.
 - (n) Weight loss greater than 10 percent of birth weight that is unresponsive to treatment.
 - (o) Newborn with Human Immunodeficiency Virus (HIV)-positive mother. Consultation must be with a pediatric care provider.
 - (p) Respiration rate greater than 100 within the first two (2) hours postpartum, and greater than 80 thereafter, lasting more than one (1) hour without improvement.
 - (q) Evident or suspected abnormally elevated bilirubin.

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(21) For the purpose of this rule “consultation” means a dialogue for the purpose of obtaining information or advice, with 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 indication for consult, which may include, but is not limited to confirmation of a diagnosis and recommendation(s) regarding management of medical, obstetric, or fetal problems or conditions. Consultation may be by phone, in person, or in writing.

(22) For the purpose of this rule “Oregon licensed health care provider” means a physician or physician assistant licensed under ORS 677, a nurse practitioner who is licensed as a nurse midwife under ORS 678 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 676.615, ORS 687.480 & ORS 687.405

Statutes/Other Implemented: ORS 687.480 & ORS 687.405

History:

DEM 5-2011, f. & cert. ef. 9-26-11

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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

Care Practice Standards

(1) The Office and Board adopt by reference the MANA core competencies dated August 4, 2011. A copy can be obtained from the Office.

(2) An LDM may:

(a) Order and receive laboratory and ultrasound results; and

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

(3) Care during pregnancy (antepartum) — the LDM must:

(a) Provide a mechanism that ensures 24-hour coverage for the midwifery practice; and

(b) Begin fetal surveillance testing no later than 41 weeks and 3 days by arranging one or more of the following:

For an official copy of the Oregon Administrative Rules, please go to the Secretary of State website:
http://sos.oregon.gov/archives/Pages/oregon_administrative_rules.aspx or call (503) 373-0701

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- (A) Biophysical profile weekly and non-stress test twice weekly;
 - (B) Biophysical profile weekly and auscultated acceleration testing twice weekly;
 - (C) Amniotic fluid index and non-stress test twice weekly; or
 - (D) Amniotic fluid index and auscultated acceleration testing twice weekly.
- (c) If the birthing person declines, or the LDM is denied access to fetal surveillance testing in subsection (b) of this rule, the LDM must provide auscultated acceleration testing twice weekly beginning 41 weeks and 3 days until delivery. The LDM must use Board-approved practice for auscultated acceleration testing which can be obtained from the Office.
- (A) If the birthing person declines fetal surveillance, follow OAR 332-025-0022(7).
 - (B) If the LDM is denied access to fetal surveillance testing, the LDM must document the place, date, time, and name of the individual who denied access in the birthing person's records.
- (4) Care During Labor, Birth and Immediately Thereafter (Intrapartum) — the LDM must:
- (a) During active labor, evaluate the fetal heart rate at least every 30 minutes listening before, during and after contractions or more frequently if indicated;
 - (b) During active pushing auscultate fetal heart tones approximately every 5 to 15 minutes or after every contraction, as indicated; and
 - (c) Before the LDM leaves the LDM must:
 - (A) Deliver the placenta and assess the birthing person's general condition, and assess and address any abnormalities including, but not limited to, blood pressure, pulse, temperature, fundus, lochia, and ability to ambulate and urinate;
 - (B) Assess and address abnormalities in the newborn's general condition including, but not limited to temperature, respirations, heart rate, feeding; and
 - (C) Provide the family with written and verbal postpartum instructions.
- (5) Care After Delivery (Postpartum Care) — The LDM must assess causes of, evaluate and treat problems arising during the postpartum period, consulting as necessary.
- (6) Newborn Care — The LDM must:
- (a) Adhere to state guidelines for the administration of vitamin K and ophthalmic prophylaxis pursuant to ORS 433.306 and OAR 333-021-0800; and

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(b) Ensure infant metabolic screening is performed and documented according to the Department of Human Services recommendations unless the mother declines, as provided in ORS Chapter 433 and OAR 333-024-1000 through 333-024-1110.

(7) Declined Procedure: In the event the birthing person refuses any testing or procedures required by administrative rule or recommended by the LDM, the LDM must document the LDM's discussion with the birthing person of why the test or procedure is required or recommended and document the birthing persons refusal, including obtaining the birthing persons signature in the chart. In addition, the LDM must follow the requirements of ORS Chapter 433 and OAR 333-024-1000 through 333-024-1110 when the mother declines administration of vitamin K or infant metabolic screening.

Statutory/Other Authority: ORS 676.615, ORS 687.405 & ORS 687.480

Statutes/Other Implemented: ORS 687.405 & ORS 687.480

History:

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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

332-025-0110

Records of Care Practice Standards

(1) The LDM must maintain complete and accurate records of each birthing person and newborn.

(2) Records mean written or electronic documentation, including but not limited to:

(a) Midwifery care provided to birthing person and newborn;

(b) Demographic information;

(c) Medical history;

(d) Diagnostic studies and laboratory findings;

(e) Emergency transport plan OAR 332-025-0021;

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- (f) Informed consent and risk information documentation under OAR 332-025-0120;
 - (g) Health Insurance Portability and Accountability Act (HIPAA) releases;
 - (h) Documentation of all consultations pursuant to OAR 332-025-0021 (14) through (22) and recommendations regarding indications for consultation from an Oregon licensed health care provider as defined under OAR 332-025-0021(21), or any other provider specifically identified in OAR 332-025-0021;
 - (i) Documentation of any declined procedures (OAR 332-025-0022(7));
 - (j) Documentation of termination of care (OAR 332-025-0130); and
 - (k) Documentation that the birthing person received and signed the patient disclosure form (OAR 332-025-0020(6)).
- (3) Records, including metadata, must be maintained for no less than five years. All records are subject to review by the Office.
- (4) All entries must include the LDM's initials and be legibly written or typed and dated.
- (5) Entries made 48 hours after an event must be identified as an addendum or an amended entry and must include the date and time of entry and the LDM's initials.
- (6) All records must include a signature or initial of the LDM.

Statutory/Other Authority: ORS 676.615 & ORS 687.480

Statutes/Other Implemented: ORS 687.480

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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:

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- (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:

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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

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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;

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- (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 birthing person 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 birthing person by certified mail, return receipt requested, as well as by regular mail.
 - (c) Document the termination of care in the birthing person'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 may leave after transferring care to a licensee under ORS Chapter 682.

For an official copy of the Oregon Administrative Rules, please go to the Secretary of State website: http://sos.oregon.gov/archives/Pages/oregon_administrative_rules.aspx or call (503) 373-0701

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(4) If the birthing person refuses assistance from licensees under ORS Chapter 682 the LDM must continually urge the birthing person 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.

Statutory/Other Authority: ORS 676.615, ORS 687.405 & ORS 687.480

Statutes/Other Implemented: ORS 687.405 & ORS 687.480

History:

DEM 2-2019, amend filed 12/19/2019, effective 01/01/2020

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

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**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, until the continuing education listed in OAR 332-020-0010 has been completed and attestation submitted to the Office upon renewal.
- (2) Pursuant to ORS 687.493, an LDM who completes the continuing education listed in OAR 332-020-0010 is authorized to purchase and administer legend drugs and devices listed in OAR 332-026-0010, 332-026-0020, and 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 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 when 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 five years. Records must be kept on the business premises and available for inspection upon request by the 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.
- (6) Expired, deteriorated or unused legend drugs must be disposed of in a manner that protects the LDM, client and others who may come into contact with the material during disposal.
- (7) An LDM is required to obtain the continuing education for intravenous antibiotics for Group B Streptococcal prophylaxis, however a LDM is not required to administer the antibiotic.

Statutory/Other Authority: ORS 676.615 & ORS 687.793

Statutes/Other Implemented: ORS 687.793

History:

[DEM 3-2019, amend filed 12/19/2019, effective 01/01/2020](#)

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

For an official copy of the Oregon Administrative Rules, please go to the Secretary of State website:
http://sos.oregon.gov/archives/Pages/oregon_administrative_rules.aspx or call (503) 373-0701

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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

An LDM 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;

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- (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 676.615 & ORS 687.493

Statutes/Other Implemented: ORS 687.493

History:

[DEM 3-2019, amend filed 12/19/2019, effective 01/01/2020](#)

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

An LDM 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.

For an official copy of the Oregon Administrative Rules, please go to the Secretary of State website:
http://sos.oregon.gov/archives/Pages/oregon_administrative_rules.aspx or call (503) 373-0701

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(4) Resuscitation is limited to medical oxygen.

Statutory/Other Authority: ORS 676.615 & ORS 687.493

Statutes/Other Implemented: ORS 687.493

History:

[DEM 3-2019, amend filed 12/19/2019, effective 01/01/2020](#)

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

An LDM may use the following Board approved devices:

- (1) Devices for injection of medications including:
 - (a) Needles.
 - (b) Syringes.
- (2) Devices for administration of intravenous fluids including:
 - (a) Drip sets.
 - (b) Catheters.
- (3) Devices for maternal and neonatal resuscitation including:
 - (a) Suction devices;
 - (b) Oxygen-delivery devices.
 - (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.
 - (c) Local anesthetic administration devices.

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Statutory/Other Authority: ORS 676.615 & ORS 687.493

Statutes/Other Implemented: ORS 687.493

History:

[DEM 3-2019, amend filed 12/19/2019, effective 01/01/2020](#)

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

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**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 Office pursuant to ORS 676.576 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 the license is inactive for 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) As of April 1, 2020, 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, 2024. 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.

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(4) As of April 1, 2020, 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, 2024. 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 676.576, ORS 676.615(1) and (2), ORS 676.625, ORS 676.568(1)(f), (o)and (2), ORS 687.420 & ORS 687.425

Statutes/Other Implemented: ORS 676.576, ORS 676.615(1) and (2), ORS 676.625, ORS 676.568(1)(f), (o)and (2), ORS 687.420 & ORS 687.425

History:

[DEM 1-2020, temporary amend filed 04/01/2020, effective 04/01/2020 through 09/27/2020](#)

[DEM 3-2019, amend filed 12/19/2019, effective 01/01/2020](#)

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