

Chapter 14. Board of Certified Direct-Entry Midwives.

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)

12 AAC 14.110(b)(5) is amended to read:

12 AAC 14.110. Certification by examination.

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(b) An applicant for certification shall

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(5) submit copies verifying **a current** [CERTIFICATION CURRENT AT THE TIME OF APPLICATION IN]

(A) **certification in** the Basic Life Support for Health Care Providers Program (BLS);

(B) **Certified Professional Midwife certification in good standing from the North American Registry of Midwives (NARM)** [INTRAVENOUS THERAPY TREATMENT FOR GROUP B *STREPTOCOCCI*, FROM THE MIDWIVES' ASSOCIATION OF ALASKA (MAA), OR FROM A PROGRAM APPROVED BY THE MIDWIFERY EDUCATION ACCREDITATION COUNCIL (MEAC)]; **and**

(C) [INTRAVENOUS THERAPY, FROM THE MIDWIVES' ASSOCIATION OF ALASKA (MAA), OR FROM A PROGRAM APPROVED BY THE MIDWIFERY EDUCATION ACCREDITATION COUNCIL (MEAC); AND

(D)] **certification in neonatal resuscitation from** the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics [, OR NEONATAL RESUSCITATION FROM THE MIDWIVES' ASSOCIATION OF

ALASKA (MAA)];

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(Eff. 5/11/94, Register 130; am 4/4/2002, Register 162; am 3/2/2003, Register 165; am 5/2/2004, Register 170; am 8/19/2004, Register 171; am 4/29/2006, Register 178; am 6/29/2013, Register 206; am 2/11/2017, Register 221; am ____/____/_____, Register _____)

Authority: AS 08.65.030 AS 08.65.050

12 AAC 14.120(b)(4) is amended to read:

12 AAC 14.120. Certification by credentials.

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(b) An applicant for a certification by credentials under this section must submit

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(4) copies verifying **a current** [CERTIFICATION CURRENT AT THE TIME OF APPLICATION IN]

(A) **certification in** the Basic Life Support for Health Care Providers Program (BLS);

(B) **Certified Professional Midwife certification in good standing from the North American Registry of Midwives (NARM)** [INTRAVENOUS THERAPY TREATMENT FOR GROUP B *STREPTOCOCCI*, FROM THE MIDWIVES' ASSOCIATION OF ALASKA (MAA), OR FROM A PROGRAM APPROVED BY THE MIDWIFERY EDUCATION ACCREDITATION COUNCIL (MEAC)]; **and**

(C) [INTRAVENOUS THERAPY, FROM THE MIDWIVES' ASSOCIATION OF ALASKA (MAA), OR FROM A PROGRAM APPROVED BY

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THE MIDWIFERY EDUCATION ACCREDITATION COUNCIL (MEAC); AND

(D)] **certification in neonatal resuscitation from** the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics [, OR NEONATAL RESUSCITATION FROM THE MIDWIVES' ASSOCIATION OF ALASKA (MAA)];

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(Eff. 5/11/94, Register 130; am 4/4/2002, Register 162; am 8/19/2004, Register 171; am 4/29/2006, Register 178; am 2/11/2017, Register 221; am ____/____/_____, Register _____)

Authority: AS 08.65.030 AS 08.65.070

12 AAC 14.130(c)(6) is amended to read:

12 AAC 14.130. Review of an apprentice direct-entry midwife permit application.

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(c) The following checklist is established by the board for review by staff of an application for an apprentice direct-entry midwife permit. An apprentice direct-entry midwife permit will be issued to an applicant who

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(6) submits verification of current certification in Basic Life Support for Health Care Providers (BLS) **and neonatal resuscitation from the Neonatal Resuscitation Program (NRP).**

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(Eff. 5/11/94, Register 130; am 12/26/2003, Register 168; am 8/19/2004, Register 171; am 8/19/2009, Register 191; am 9/9/2016, Register 219; am 11/25/2018, Register 228; am

____/____/____, Register _____)

Authority: AS 08.65.030 AS 08.65.090

12 AAC 14.150 is repealed:

12 AAC 14.150. Scope of practice. Repealed. (Eff. 9/9/2016, Register 219; repealed ____/____/____, Register _____)

12 AAC 14.200 is repealed and readopted to read:

12 AAC 14.200. Course of study requirements. (a) On or after ____/____/____, *{fill in effective date of regulation}* the board will accept any midwifery education program whether online or in person.

(b) An applicant shall document completion of a course of study that meets the requirements of this section by submitting an official transcript, diploma, or certificate of graduation or completion, sent directly to the department from a MEAC accredited institution or midwifery school or program where the applicant completed the course of study. (Eff. 2/18/94, Register 129; am 12/19/2001, Register 160; am 8/19/2004, Register 171; am 4/29/2006, Register 178; am 8/19/2009, Register 191; am 3/2/2011, Register 197; am 9/9/2016, Register 219; am 9/29/2019, Register 231 am ____/____/____, Register _____)

Authority: AS 08.65.030 AS 08.65.050

12 AAC 14.210(a)(3) and (4) are repealed:

12 AAC 14.210. Supervised clinical experience requirements. (a) An applicant must have completed all clinical experience requirements of this section under the supervision of a preceptor who holds a license in good standing and

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(3) **repealed** _____ / _____ / _____ [IS A PHYSICIAN LICENSED IN ANOTHER STATE OR COUNTRY WITH AN OBSTETRICAL PRACTICE AT THE TIME OF THE SUPERVISION]; or

(4) **repealed** _____ / _____ / _____ [IS A CERTIFIED NURSE MIDWIFE LICENSED IN ANOTHER STATE OR COUNTRY WITH AN OBSTETRICAL PRACTICE AT THE TIME OF THE SUPERVISION]; or

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12 AAC 14.210(b) is amended to read:

(b) Supervised clinical experience must have included at least the following types and numbers of experiences:

(1) 100 prenatal visits, **including 20 initial exams**;

(2) 10 labor and delivery observations that preceded any primary responsibility for labor and delivery; the observations may have been completed before the permit being issued;

(3) 20 assisted labor managements that preceded any primary responsibility for labor and delivery;

(4) primary responsibility for **20** [30] labor and deliveries of the newborn and placenta;

(5) **40** [30] newborn examinations; and

(6) **50** [30] postpartum examinations of the mother.

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(Eff. 2/18/94, Register 129; am 4/16/2003, Register 166; am 12/26/2003, Register 168; am

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8/19/2004, Register 170; am 4/29/2006, Register 178; am 9/9/2016, Register 219; am 11/25/2018, Register 228; am ____/____/_____, Register _____)

Authority: AS 08.65.030 AS 08.65.050

12 AAC 14.300(c)(3)(B) is amended to read:

12 AAC 14.300. Examination.

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(c) In order to be scheduled for an examination, the following items must be received by the division's Juneau office from the applicant:

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(3) copies of certification current at the time of application in

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(B) the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics [, OR NEONATAL RESUSCITATION FROM THE MIDWIVES' ASSOCIATION OF ALASKA (MAA)];

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(Eff. 2/18/94, Register 129; am 1/1/2000, Register 152; am 12/9/2001, Register 160; am 3/2/2003, Register 165; am 8/19/2004, Register 171; am 2/23/2007, Register 181; am 2/11/2017, Register 221; am ____/____/_____, Register _____)

Authority: AS 08.65.030 AS 08.65.050 AS 08.65.060

Editor's note: The examination described in 12 AAC 14.300 is prepared by the North American Registry of Midwives, www.narm.org, email info@narm.org, and phone number (888) 843-4784 [5257 ROSESTONE DRIVE, NW, LILBURN, GA 30047-4893]. Information

regarding the examination may be obtained by contacting the division of corporations, business and professional licensing offices in Anchorage and Juneau.

12 AAC 14.400 is amended to read:

12 AAC 14.400. Certification renewal requirements. (a) A certificate as a direct-entry midwife expires on **March** [DECEMBER] 31 of **odd** [EVEN] numbered years.

(b) A certified direct-entry midwife applying for certificate renewal shall

(1) apply on a form provided by the department;

(2) pay the fees established in 12 AAC 02.145;

(3) certify that the applicant has not committed an act that is a ground for a disciplinary sanction under AS 08.65.110;

(4) submit copies that are current at the time of certificate renewal verifying certification in

(A) the Basic Life Support for Health Care Providers Program (BLS); and

(B) the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics [, OR NEONATAL RESUSCITATION FROM THE MIDWIVES' ASSOCIATION OF ALASKA (MAA)]; [AND]

(C) a current certification, in good standing, as a Certified Professional Midwife from the North American Registry of Midwives (NARM); and

(5) demonstrate continued practical professional competence by verifying

(A) fulfillment of the continuing competency requirements in

12 AAC 14.420 – 12 AAC 14.445 [12 AAC 14.420 – 12 AAC 14.450]; and

(B) compliance with the peer review requirements in **12 AAC 14.445**

[12 AAC 14.900]. (Eff. 5/11/94, Register 130; am 5/16/96, Register 138; am 3/2/2003, Register

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165; am 5/2/2004, Register 170; am 2/23/2007, Register 181; am 8/19/2009, Register 191; am 11/25/2018, Register 228; am ____/____/_____, Register _____); am ____/____/_____, Register _____)

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.420 is repealed and readopted to read:

12 AAC 14.420. Continuing education requirements. Continuing education requirements are satisfied by holding a current certification at the time of renewal as a Certified Professional Midwife from the North American Registry of Midwives (NARM). (Eff. 5/11/94, Register 130; am 12/9/2001, Register 160; am 4/29/2006, Register 178; am 3/2/2011, Register 197; am ____/____/_____, Register _____)

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.430(a) is amended to read:

12 AAC 14.430. Approved continuing education programs. (a) To be approved by the board, a continuing education program must [COVER ONE OR MORE OF THE COURSE OF STUDY SUBJECTS LISTED IN 12 AAC 14.200 AND] directly relate to the clinical practice of midwifery.

12 AAC 14.430(e) is repealed:

(e) **Repealed** ____/____/____ [THE BOARD'S SELF-STUDY PROGRAM REQUIRED IN 12 AAC 14.420(a)(2) COVERS THE BOARD'S CURRENT STATUTES AND REGULATIONS IN AS 08.65 AND 12 AAC 14, AND WILL BE REVISED FOR EACH RENEWAL. THE BOARD'S SELF-STUDY PROGRAM AND THE BOARD'S CURRENT

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STATUTES AND REGULATIONS WILL BE PROVIDED TO EACH LICENSEE]. (Eff. 5/11/94, Register 130; am 12/9/2001, Register 160; am 4/4/2002, Register 162; am 2/11/2017, Register 221; am 11/25/2018, Register 228; am ____/____/_____, Register _____)

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.440 is amended to read:

12 AAC 14.440. Continuing professional practice requirements. An [EXCEPT AS PROVIDED IN 12 AAC 14.450, AN] applicant for renewal of a certificate as a direct-entry midwife shall certify having assisted with, or been primarily responsible for, 10 deliveries during the concluding license period. (Eff. 5/11/94, Register 130; am ____/____/_____, Register _____)

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.450 is repealed:

12 AAC 14.450. Continuing competency requirements for first time certificate renewals. Repealed. (Eff. 5/11/94, Register 130; repealed ____/____/_____, Register _____)

12 AAC 14.460 is amended to read:

12 AAC 14.460. Verification of compliance. (a) A certified direct-entry midwife shall submit, on a form provided by the department, a statement verifying compliance with the requirements of **12 AAC 14.420 – 12 AAC 14.445** [12 AAC 14.420 – 12 AAC 14.450] at the time the certificate holder applies for renewal.

(b) The board **may** [WILL, IN ITS DISCRETION,] require an applicant for renewal to submit additional evidence of compliance with the requirements of **12 AAC 14.420 – 12 AAC**

14.445 [12 AAC 14.420 – 12 AAC 14.450]. The certificate holder shall maintain evidence of compliance with the requirements of **12 AAC 14.420 – 12 AAC 14.445** [12 AAC 14.420 – 12 AAC 14.450] for three years. (Eff. 5/11/94, Register 130; am 8/19/2009, Register 191; am ___ / ___ / _____, Register _____)

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.470(b)(4) is amended to read:

12 AAC 14.470. Reinstatement of a lapsed certificate.

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(b) The board will reinstate a certificate that has been lapsed for at least two years, but not more than five years, if the applicant

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(4) submits copies that are current at the time of application for reinstatement verifying certification in

(A) the Basic Life Support for Health Care Providers Program (BLS) and neonatal resuscitation;

(B) [INTRAVENOUS THERAPY TREATMENT FOR GROUP B *STREPTOCOCCI*, FROM THE MIDWIVES' ASSOCIATION OF ALASKA (MAA), OR FROM A PROGRAM APPROVED BY THE MIDWIFERY EDUCATION ACCREDITATION COUNCIL (MEAC);

(C) INTRAVENOUS THERAPY, FROM THE MIDWIVES' ASSOCIATION OF ALASKA (MAA), OR FROM A PROGRAM APPROVED BY THE MIDWIFERY EDUCATION ACCREDITATION COUNCIL (MEAC);

(D)] the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics [, OR NEONATAL RESUSCITATION FROM THE MIDWIVES' ASSOCIATION OF ALASKA (MAA)];

12 AAC 14.470(c) is amended to read:

(c) The board will not reinstate a certificate that has been lapsed more than five years at the time of application for reinstatement. **An applicant whose license lapsed more than five years at the time of application must apply as a new applicant.** (Eff. 5/11/94, Register 130; am 12/17/97, Register 144; am 3/2/2003, Register 165; am 5/2/2004, Register 170; am 8/19/2009, Register 191; am 3/2/2011, Register 197; am 6/29/2013, Register 206; am 9/25/2013, Register 207; am ___ / ___ / _____, Register _____)

Authority: AS 08.01.100 AS 08.65.030 AS 08.65.080

Article 5. Duties and Responsibilities

Section

500. **Practice** [PRENATAL CARE].

510. **Consultation and referral** [INTRAPARTUM CARE].

520. **Transfer** [POSTPARTUM CARE].

530. **Prohibited practice** [INFANT CARE].

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12 AAC 14.500 is repealed and readopted to read:

12 AAC 14.500. Practice. (a) A certified direct-entry midwife shall:

(1) recommend, before care or delivery of a client, that the client undergo a

physical examination performed by a physician, physician assistant, or advanced practice registered nurse who is licensed in this state;

(2) obtain informed consent from a client before onset of labor;

(3) at the first prenatal visit, or within 10 days of the first prenatal visit, order a serological test for syphilis;

(4) offer each client routine prenatal care and testing in accordance with current American College of Obstetricians and Gynecologists guidelines;

(5) provide each client with a plan for 24 hour on-call availability by a certified direct-entry midwife throughout pregnancy, intrapartum, and postpartum;

(6) provide each client with labor support, fetal monitoring and routine assessment of vital signs once active labor is established;

(7) supervise the delivery of infant and placenta, assess newborn and maternal well-being in immediate postpartum, and perform Apgar scores;

(8) perform routine cord management and inspect for appropriate number of vessels;

(9) inspect the placenta and membranes for completeness;

(10) inspect the perineum and vagina postpartum for lacerations and stabilize;

(11) observe the mother and newborn postpartum until stable condition is achieved;

(12) instruct the mother, father, and other support persons, both verbally and in writing, of the special care and precautions for both mother and newborn in the immediate postpartum period;

(13) reevaluate maternal and newborn wellbeing within 36 hours of delivery;

(14) use universal precautions with all biohazard materials;

(15) ensure that a birth certificate is accurately completed and filed in accordance with state law;

(16) cause the newborn to be tested for phenylketonuria (PKU);

(17) offer to obtain and submit a blood sample in accordance with the recommendations for metabolic screening of the newborn;

(18) offer an injection of vitamin K for the newborn in accordance with the indication, dose and administration route set forth in 12 AAC 14.570;

(19) within one week of delivery, refer the parents to a facility with a newborn hearing screening program;

(20) within two hours of the birth offer the administration of antibiotic ointment into the eyes of the newborn, in accordance with state law on the prevention of infant blindness;

(21) may provide postpartum care and postpartum depression screenings and referrals to client through the first year postpartum; and

(22) maintain adequate antenatal and perinatal records of each client and provide records to any consulting licensed physician, APRN, and licensed certified nurse midwife, in accordance with HIPAA regulations.

(b) During the third trimester, the certified direct-entry midwife shall ensure that the home-birth client is adequately prepared for a home-birth by discussing issues such as sanitation, facilities, adequate heat, availability of telephone and transportation, plans for emergency evacuation to a hospital, and the skills and equipment that the midwife will bring to the birth.

(c) A certified direct-entry midwife shall make a home visit before delivery to assess the physical environment, to determine whether the home-birth client has the necessary supplies, to prepare the family for the birth, and to instruct the family in correction of problems or deficiencies. (Eff. 5/11/94, Register 130; am 5/2/2004, Register 170; am 10/18/2007, Register

184; am 3/2/2011, Register 197; am 8/10/2011, Register 199; am 9/9/2016, Register 219; am 11/25/2018, Register 228; am ____/____/_____, Register _____)

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.510 is repealed and readopted to read:

12 AAC 14.510. Consultation and referral. (a) A certified direct-entry midwife shall consult with a licensed physician or APRN providing obstetrical care, whenever there are significant deviations, including significant abnormal laboratory results, relative to a client's pregnancy or to a neonate. If a referral is needed, the certified direct-entry midwife shall refer the client and, if possible, remain in consultation with the physician or APRN until resolution of the concern.

(b) A certified direct-entry midwife shall consult with a licensed physician or APRN about any mother who presents with or develops the following risk factors or presents with or develops other risk factors that in the judgment of the certified direct-entry midwife warrant consultation:

(1) Antepartum

- (A) pregnancy induced hypertension, as evidenced by a blood pressure of 140/90 on at least two occasions greater than six hours apart;
- (B) persistent, severe headaches, epigastric pain or visual disturbances;
- (C) persistent symptoms of urinary tract infection;
- (D) significant vaginal bleeding before the onset of labor not associated with uncomplicated spontaneous abortion;
- (E) rupture of membranes prior to the 37th week gestation;
- (F) noted abnormal decrease in or cessation of fetal movement;

(G) anemia resistant to supplemental therapy;

(H) fever of 102 degrees Fahrenheit or 39 degrees Celsius or greater for more than 24 hours;

(I) unresolved hyperemesis or significant dehydration;

(J) isoimmunization, Rh-negative sensitized, positive titers, or any other positive antibody titer, which may have a detrimental effect on mother or fetus;

(K) elevated blood glucose levels unresponsive to dietary management;

(L) positive HIV antibody test;

(M) primary genital herpes infection in pregnancy;

(N) symptoms of malnutrition or anorexia or protracted weight loss or failure to gain weight;

(O) suspected deep vein thrombosis;

(P) documented placental previa;

(Q) documented low lying placenta or placenta accreta in woman with history of previous cesarean delivery;

(R) labor prior to the 37th week of gestation;

(S) known fetal anomalies that may be affected by the site of birth;

(T) marked abnormal fetal heart tones;

(U) abnormal non-stress test or abnormal biophysical profile;

(V) marked or severe poly or oligodydramnios;

(W) evidence of intrauterine growth restriction; or

(X) significant abnormal ultrasound findings;

(2) Intrapartum

(A) rise in blood pressure above baseline, more than 30/15 points or

greater than 160/100;

(B) persistent, severe headaches, epigastric pain or visual disturbances;

(C) significant proteinuria or ketonuria;

(D) fever over 100.6 degrees Fahrenheit or 38 degrees Celsius in absence of environmental factors;

(E) ruptured membranes without onset of established labor after 24 hours;

(F) significant bleeding prior to delivery or any abnormal bleeding, with or without abdominal pain; or evidence of placental abruption;

(G) lie not compatible with spontaneous vaginal delivery or unstable fetal lie;

(H) signs or symptoms of maternal infection;

(I) active genital herpes at onset of labor;

(J) fetal heart tones with non-reassuring patterns;

(K) signs or symptoms of fetal distress;

(L) thick meconium or frank bleeding with birth not imminent; or

(M) client or certified direct-entry midwife desires physician consultation or transfer;

(3) Postpartum

(A) failure to void within 12 hours of birth;

(B) signs or symptoms of maternal shock;

(C) febrile symptoms or temperature 102 degrees Fahrenheit or 39 degrees Celsius;

(D) abnormal lochia or signs or symptoms of uterine sepsis;

(E) suspected deep vein thrombosis; or

(F) signs of clinically significant depression.

(c) A certified direct-entry midwife shall consult with a licensed physician or APRN with regard to any neonate who is born with or develops

- (1) Apgar score of six or less at five minutes without significant improvement by 10 minutes;
- (2) persistent grunting respirations or retractions;
- (3) persistent cardiac irregularities;
- (4) persistent central cyanosis or pallor;
- (5) persistent lethargy or poor muscle tone;
- (6) abnormal cry;
- (7) birth weight less than 2300 grams;
- (8) jitteriness or seizures;
- (9) jaundice occurring before 24 hours or outside of normal range;
- (10) failure to urinate within 24 hours of birth;
- (11) failure to pass meconium within 48 hours of birth;
- (12) edema;
- (13) prolonged temperature instability;
- (14) significant signs or symptoms of infection;
- (15) significant clinical evidence of glycemic instability;
- (16) abnormal, bulging, or depressed fontanel;
- (17) significant clinical evidence of prematurity;
- (18) medically significant congenital anomalies;
- (19) significant or suspected birth injury;
- (20) persistent inability to suck;

(21) diminished consciousness;

(22) clinically significant abnormalities in vital signs, muscle tone or behavior;

(23) clinically significant color abnormality, cyanotic, or pale or abnormal perfusion;

(24) abdominal distension or projectile vomiting; or

(25) signs of clinically significant dehydration or failure to thrive. (Eff. 5/11/94,

Register 130; am 5/2/2004, Register 170; am 10/18/2007, Register 184; am 3/2/2011, Register 197; am 9/9/2016, Register 219; am ____/____/_____, Register _____)

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.520 is repealed and readopted to read:

12 AAC 14.520. Transfer. (a) Transport via private vehicle is an acceptable method of transport if it is the most expedient and safest method for accessing medical services. The certified direct-entry midwife shall

(1) initiate immediate transport according to the certified direct-entry midwife's emergency plan;

(2) provide emergency stabilization until emergency medical services arrive or transfer is completed;

(3) accompany the client or follow the client to a hospital in a timely fashion;

(4) provide pertinent information to the receiving facility.

(b) A certified direct-entry midwife shall immediately notify a physician and provide emergency transport to a hospital of a client exhibiting

(1) seizures or unconsciousness;

(2) respiratory distress or arrest;

- (3) evidence of shock;
- (4) psychosis;
- (5) symptomatic chest pain or cardiac arrhythmias;
- (6) prolapsed umbilical cord;
- (7) unresolved shoulder dystocia;
- (8) symptoms of uterine rupture;
- (9) preeclampsia or eclampsia;
- (10) severe abdominal pain inconsistent with normal labor;
- (11) chorioamnionitis;
- (12) clinically significant fetal heart rate patterns or other manifestation of fetal distress;
- (13) presentation not compatible with spontaneous vaginal delivery;
- (14) laceration greater than second degree perineal or any cervical;
- (15) hemorrhage non-responsive to therapy;
- (16) uterine prolapse or inversion;
- (17) persistent uterine atony;
- (18) anaphylaxis;
- (19) sustained instability or persistent abnormal vital signs; or
- (20) other conditions or symptoms that could threaten the life of the mother, fetus or neonate.

(c) A certified direct-entry midwife may deliver a client with any of the complications or conditions set forth in (b) of this section, if

- (1) no physician or other equivalent medical services are available and the situation presents immediate harm to the health and safety of the client;

(2) the complication or condition entails extraordinary and unnecessary human suffering; or

(3) if delivery occurs during transport. (Eff. 5/11/94, Register 130; am 3/2/2011, Register 197; am ___ / ___ / _____, Register _____)

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.530 is repealed and readopted to read:

12 AAC 14.530. Prohibited practices. A certified direct-entry midwife shall not

(1) administer prescription pharmacological agents intended to induce or augment labor;

(2) administer prescription pharmacological agents to provide pain management;

(3) use vacuum extractors or forceps;

(4) prescribe medications;

(5) provide out of hospital delivery services to a woman who has had a vertical incision cesarean section;

(6) perform surgical procedures, except episiotomy, including, but not limited to, cesarean sections, abortions and circumcisions; or

(7) knowingly accept responsibility for prenatal or intrapartum care of a client with any of the following diagnosed risk factors

(A) chronic significant maternal cardiac, pulmonary, renal or hepatic disease;

(B) malignant disease in an active phase;

(C) significant hematological disorders or coagulopathies, or pulmonary embolism;

- (D) insulin requiring diabetes mellitus;
- (E) known maternal congenital abnormalities affecting childbirth;
- (F) confirmed isoimmunization, Rh disease with positive titer;
- (G) active tuberculosis;
- (H) active syphilis or gonorrhea;
- (I) active genital herpes infection two weeks prior to labor or in labor;
- (J) pelvic or uterine abnormalities affecting normal vaginal births,

including tumors and malformations;

- (K) untreated alcoholism or alcohol abuse;
- (L) untreated drug addiction or substance abuse;
- (M) confirmed AIDS status;
- (N) uncontrolled current serious psychiatric illness; or
- (O) social or familial conditions unsatisfactory for out-of-hospital

maternity care services. (Eff. 5/11/94, Register 130; am 3/2/2011, Register 197; am 2/11/2017, Register 221; am 11/25/2018, Register 228; am ____/____/____, Register ____)

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.560 is repealed and readopted to read:

12 AAC 14.560. Permitted practices. (a) The following practices may be performed by a certified direct-entry midwife who provides documentation acceptable to the board of having acquired the training and skills necessary to safely perform them:

- (1) catheterization of the urinary bladder;
- (2) administration of medications as specified in 12 AAC 14.570;
- (3) venipuncture;

- (4) capillary blood sampling;
- (5) suturing;
- (6) emergency measures as specified in 12 AAC 14.600;
- (7) intravenous therapy; or
- (8) an episiotomy.

(b) Before performing prenatal care, vaginal delivery, and postpartum care for a client with a previous cesarean section, a certified direct-entry midwife must provide evidence of at least six hours of training and education in performing these practices for a post-cesarean client.

(c) The board will notify the certified direct-entry midwife that documentation submitted under this section is acceptable to the board of competence in these practices. A certified direct-entry midwife may not perform the practices set out in (a) and (b) of this section until notification of acceptance has been provided by the board. (Eff. 5/11/94, Register 130; am 5/2/2004, Register 170; am 9/9/2016, Register 219; am ____/____/_____, Register _____)

Authority: AS 08.65.030

12 AAC 14.570(7) is amended to read:

12 AAC 14.570. Medications. A certified direct-entry midwife may not administer restricted drugs or medications except for the following, and only if the certified direct-entry midwife has documented the training and skills demonstrating competence to administer them as required in 12 AAC 14.560:

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(7) uterotonic agents, including oxytocin, methylergonovine, carboprost tromethamine, **tranexamic acid**, and misoprostol, for the control and treatment of postpartum hemorrhage;

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(Eff. 5/11/94, Register 130; am 5/2/2004, Register 170; am 10/18/2007, Register 184; am 3/2/2011, Register 197; am 6/29/2013, Register 206; am 9/9/2016, Register 219; am ____/____/____, Register _____)

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