Board of Certified Direct-Entry Midwives Meeting - AO360 COW - January 7, 2026

Alaska Division of Corporations, Business and Professional Licensing
Videoconference
2026-01-07 10:00 - 12:00 AKST

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3. Next Steps

4. Adjourn

BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES – COMMITTEE OF THE WHOLE MEETING

THE DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT, DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING, HEREBY ANNOUNCES THE FORTHCOMING MEETING:

BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES -- COMMITTEE OF THE WHOLE MEETING. January 7, 2026. 10:00am. Teleconference/videoconference to review recommendations and develop their AO360 Reform Plan. The Zoom link to attend is
https://us02web.zoom.us/meeting/register/h-c8ikRRTPGmCRQJd-T2yQ
For more information, visit
https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/Midwives/BoardMeetingSchedule

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Attachments, History, Details

Attachments
None

Revision History
Created 11/18/2025 2:34:57 PM by KLCAMPBELL

Details

Department:	Commerce, Community, and Economic Development
Category:	Boards and Commissions
Sub-Category:	Midwives, Board of Certified Direct-Entry
Location(s):	Teleconference, Videoconference
Project/Regulation #:	
Publish Date:	11/18/2025
Archive Date:	1/8/2026
Events/Deadlines:	

Board of Certified Direct-Entry Midwives Meeting - AO360 COW - January 7, 2026

Alaska Division of Corporations, Business and Professional Licensing
Wednesday, January 7, 2026 at 10:00 AM AKST to 12:00 PM AKST
Videoconference

Meeting Details: https://us02web.zoom.us/meeting/register/h-c8ikRRTPGmCRQJd-T2yQ
Additional Meeting Details: Meeting registration required

Agenda

1. Call to Order **10:00 AM**

A. Roll Call

Members:

- Holly Steiner, RN, CDM, CPM, Chair
- Bethel Belisle, CDM, CPM
- Stacia Miller

B. Declarations of Conflicts of Interest

C. Accept Agenda **10:10 AM**

MID Statutes and Regulations - December 2023

2. AO360 Regulatory Reduction Plan **10:15 AM**

The baseline number of requirements for MID is 1,158. 197 of these requirements are from the regulations, and 961 requirements are from documents adopted by reference in the regulations. The 25% target is against the 1,158 number.

A. Draft AO360 Reform Plan and Decisional Document

B. Resources

3. Next Steps **11:55 AM**

4. Adjourn **12:00 PM**

Project Priority Number	Drafting Assistance Required?	Tmeline for Submission
Label each regulation with a priority, with 1 as the highest. The priority number indicates the requested grouping of regulations as they will be submitted to LAW for preliminary review.	*Indicate whether your staff is requesting drafting assistance from the Department of Law.*	*To the best of your ability, estimate the timeline for submitting the draft revised regulations to LRLR for review.*
	No	**language drafted - 2**
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No	**language drafted - 2**
No	**language drafted - 1**

11/03/2025 - The baseline number of requirements for M
are from the regulations, and 961 requirements are from
regulations. The 25% target is against the 1,158 number. F
by reference document that was missed in the initial coun
number is significantly higher than before.

25% of 1158 = 290

	AO 358	Draft
Regulation draft projects included in AO 360 Reform Plan	**1 - Regulations Template 2025 MID 02-27-2025 Draft**	**2 - MID Regulations Project 11-18-2025**

Regulation Citation	Relevant Board/Program
Cite the regulation you intend to change. Can also be a section of related regulations.	*List the board/program the regulation relates to*
baseline	**1158**
12 AAC 14.110(b)(7)	**MID**
12 AAC 14.110(b)(8)	**MID**
12 AAC 14.110(c)	**MID**
12 AAC 14.110(d)	**MID**
12 AAC 14.120(b)(1)	**MID**
12 AAC 14.120(b)(3)	**MID**
12 AAC 14.120(b)(6)	**MID**
12 AAC 14.120(b)(8)	**MID**
12 AAC 14.120(b)(9)	**MID**

12 AAC 14.120(c)	**MID**
12 AAC 14.120(d)	**MID**
12 AAC 14.210(a)(1) - (5)	**MID**
12 AAC 14.210(b)(1) - (6)	**MID**
12 AAC 14.210(c)(1) - (4)	**MID**
12 AAC 14.210(d)	**MID**
12 AAC 14.210(e)(1) - (9)	**MID**
12 AAC 14.210(f)	**MID**
document adopted by reference	**MID**
12 AAC 14.220(a)	**MID**

12 AAC 14.220(a)(1) - (3)	**MID**
12 AAC 14.220(b)	**MID**
12 AAC 14.300 (a)	**MID**
12 AAC 14.300(a)(1) -(2)	**MID**
12 AAC 14.300(b)	**MID**
12 AAC 14.300(c)(1) - (5)	**MID**
12 AAC 14.445(a)	**MID**
12 AAC 14.445(b)(1) - (2)	**MID**
12 AAC 14.445(c)	**MID**
12 AAC 14.445(d)	**MID**

12 AAC 14.445(e)(1) - (4)	**MID**
12 AAC 14.445(f)	**MID**
12 AAC 14.445(g)	**MID**
12 AAC 14.445(h)	**MID**
12 AAC 14.445(i)	**MID**
12 AAC 14.540(f)	**MID**
12 AAC 14.990(4)	**MID**
12 AAC 14.990(7)	**MID**

ID is 1,158. 197 of these requirements
documents adopted by reference in the
Please note that there was one adopted
ıt for MID, which is why the requirement

Nature of the Regulation
Briefly describe what the regulation or section currently does.

requires applicant to provide verification of education and supervised clinical experiences; minimum of one year combined total

NEW REGULATION

requires complete application with all verifications to be received in Juneau office prior to next scheduled board meeting for board to review
allows board to approve substitute programs for BLS and Neonatal Resuscitation Program if equivalent

requires application by credentials to be notarized
requires signed authorization release of records in advance for investigative purposes

requires applicant to provide verification of education and supervised clinical experiences; minimum of one year combined total

requires documentation of continuing competency requirements for applicants by credentials
requires applicant to provide documentation of 10 births in the 24 months preceding date of application by credentials

requires complete application with all verifications to be received in Juneau office prior to next scheduled board meeting for board to review
allows board to approve substitute programs for BLS and Neonatal Resuscitation Program if equivalent

requires applicants must have completed all clinical experience requirements under the supervision of a preceptor that holds a license in good standing and is registered as a preceptor with NARM; establishes minimum requirements for someone who can be a preceptor

establishes minimum requirements for supervised clinical experiences for applicants

establishes minimum requirements for continuous care supervised clinical experiences for applicants
requires that at least 10 supervised clinical experiences be within two years of date of application
sets data required for documentation to be submitted for clinical experiences

provides criteria that all applicants are tested on for clinical experience requirements by preceptor

Practical Skills List
allows board to sent standards for apprenticeship programs

sets standards for Apprenticeship programs

sets standards for apprenticeship program preceptor

sets standards for national examination requirement to be NARM
sets standards for national examination requirement
requires verification of passing national examination score results
sets parameters to be scheduled for national examination

requires midwives to participate in four hours of peer review each renewal cycle

defines peer review to be minimum submission of one case for review where midwife was primarily responsible or if not primarily responsible in any patient's care, to submit at least one case where midwife was involved for peer review

requires any record submitted for peer review be kept confidential as required by state and federal law whether submitted electronically or otherwise

requires peer review participant receiving records ensure records received are kept confidential as required by state and federal law

defines peer review panel standards

clarifies results or recommendations from peer review participants regarding a case submitted for peer review are not binding to the board
requires midwife to maintain adequate and detailed records of peer review participation and case(s) submitted and make records available to the board upon request

reiterates statutory disciplinary sanction ramifications for failure to comply
clarifies peer review must be held by means where all participants are able to communicate at the same time in real time i.e. live video call or in-person meeting.

requires midwives to submit report of death form #08-4551 to Board of Certified Direct Entry Midwives

requires preceptor comply with section 12 AAC 14.210(a) - preceptor registration with NARM

NEW REGULATION

Summary of the Intended Changes

Briefly describe what you plan to change.

repeal requirement - redundant; AK requires passing NARM examination and current NARM certification in good standing. NARM certification requires two years minimum which meets requirement f AS 08.65.050(4).

add requirement to provide verification of passing NARM certification/exam results as primary source documentation

repeal requirement - board reviews applications outside of board meetings through electronic means

repeal requirement - NARM approves courses
remove requirement for application by credentials to be notarized

remove requirement for authorization for release of records
repeal requirement - redundant; AK requires passing NARM examination and current NARM certification in good standing. NARM certification requires two years minimum which meets requirement f AS 08.65.050(4).

repeal requirement in its entirety.

same requirements - just need to spell out requirements for affidavit because 12 AAC 14.210(e)(1) - (8) is getting repealed.

repeal requirement - board reviews applications outside of board meetings through electronic means

repeal requirement - NARM approves courses

repeal requirements for clinical experiences to be supervised by preceptor as must be done per NARM certification requirements
repeal requirements for providing supervised clinical experience documentation as paperwork to take NARM examination requires.
repeal requirements for continuous care - AK requirements differ from NARM certification requirements = AK over and above. NARM certification is the minimum National standard. Align AK with national standard.
repeal requirement that 10 supervised clinical experience must be within two years - align with national standard - NARM Certification
repeal form document requirements - align with national standard - NARM paperwork/certification

repeal requirement for Practical Skills List -NARM skills checklist provides this information; align with national standard; AK version not updated since 2003 and no longer available.

repeal document adopted by reference - no longer utilized as outdated and redundant
change language to "meet the standard of the North American Registry of Midwives (NARM)."

repeal requirements in (1) - (3) as standards set by North American Registry of Midwives (NARM). Aligns with national standard.

remove definition of apprenticeship program preceptor as NARM regulates requirements. Regulation no longer required

Would like to repeal entire 12 AAC 14.300 section, if possible, and add the first sentence (a) the examination required for certification as a direct entry midwife is the national examination prepared and graded by the North American Registry of Midwives. to 12 AAC 14.110 if we can.
Repeal - redundant - 12 AAC 14.110 defines certification by examination. NARM certification is minimum standard
repeal - redundant. 12 AAC 14.110 defines certification by examination
repeal - outdated; board no longer required to approve applicants to take national examination
change language to state peer review requirements are satisfied by holding a current certification at the time of renewal as a certified professional midwife from NARM - align regulations with the national standard of NARM

remove - align regulations with the national standard of NARM

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changing requirement for midwives to submit reports of death to Dept of Health per AS 08.65.140

remove reference to 12 AAC 14.210(a) as this section being repealed

adding definition for "in good standing" to provide clarification

Explanation of Intended Changes

Focus on what the change will do to achieve reduction, transparency, ease of government interaction, or other reforms. If the project does not meet those goals, explain why it is necessary for protection of public safety or standards, compliance with legislation, or other goal.

removes redundancy; eases applicant process; aligns with national standards

removing 12 AAC 14.300 Examination and incorporating into 12 AAC 14.110; reducing redundancies

eases applicant process

removes redundancy; eases applicant process; aligns with national standards

ease application process

ease application process

removes redundancy; eases applicant process; aligns with national standards

removes outdated regulation - 14.420 is met by having a valid NARM certification; 14.430 was repealed 02/22/2023.

no changes to requirements - NEED TO DISCUSS 1-8 - CAN ANYTHING BE ELIMINATED???

eases applicant process

removes redundancy; eases applicant process; aligns with national standards

removes redundancy; eases applicant process; aligns with national standards

removes redundancy; eases applicant process; aligns with national standards

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removes redundancy; eases applicant process; aligns with national standards

Duplicate of NARM skills checklist; AK version not updated since 2003; aligning with current national standards and reducing duplication as AK requires NARM certification

Duplicate of NARM skills checklist; AK version not updated since 2003; aligning with current national standards and reducing duplication as AK requires NARM certification

Streamlines process; Aligns with national standards

Streamlines process; Aligns with national standards

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Streamlines process; Aligns with national standards

Streamlines process; Aligns with national standards

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Streamlines process; Aligns with national standards
Reducing duplication as AK requires current NARM certification in good standing at renewal; NARM certification includes 5 hours of Community Peer Review every three years; NARM audits for Peer Review

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Reducing duplication as AK requires current NARM certification in good standing at renewal; NARM certification includes 5 hours of Community Peer Review every three years; NARM audits for Peer Review

Ease of government interaction - Board of Certified Direct Entry Midwives does not process or investigate reports of death. AS 08.65.140 requires reports be sent to the Dept of Health.

Reducing duplication as AK requires current NARM certification in good standing; NARM sets standards for preceptors

TOTAL DEDUCTIONS

Proposed Regulatory Reduction
*List the **number** of reductions from your baseline that you plan to achieve with this change. This could be a reduction of words on a webpage or PDF or pages of a PDF. (Sample reduction number below for the purposes of the formula in column E.)*
700

-1

2

-2

not scored in markup

not scored in markup

-1

-1

-1

0

-2

no scored in markup

-1

-7

-1

-2

-11

-2

-858

0

-3

-1

0

not scored in markup

-1

-8

-1

-2

-2

-1

-3

no scored in markup

-2

no scored in markup

-1

0

not scored in markup

0

Percentage of Regulatory Reduction	Date of Anticipated Reduction
*State the **percentage** of anticipated reduction from your original baseline. This may be achieved using a simple Excel formula such as "=SUM(X-Y)*0.001" where X equals your baseline and Y equals the cell in column E, then express the column as a percentage. See sample below.*	*State whether you anticipate this reduction will be achieved in 2026 or 2027.*
30.00%	

-0.09%

0.00%

-0.17%

0.00%

0.00%

-0.09%

-0.09%

-0.09%

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-0.17%

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-0.09%

-0.60%

-0.09%

-0.17%

-0.95%

-0.17%

-74.09%

0.00%

-0.26%

-0.09%

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-0.09%

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Date Received	Name and Organization of Commenter	Summary of Public Comment
Date of oral or written comment	*Include the name and organization of the commenter, if known.*	*Include as many details about the comment as needed to capture the essence of the request and any specifics about the changes requestd, pain points, rationales, etc.*
no comments received		

Relevant Board/Program	Relevant Regulation(s)	Resulting in Changes? (Yes/No)
List the board/program the regulation relates to	*Cite the regulations that are relevant to the request, even if the commenter did not specifically state them.*	*Type"Yes" if you are adopting any changes, and "No" if you are not.*

Agency Response	Additional Notes
Summarize the changes the agency proposes to adopt as a result of the comment. Specific language is not required yet.	

Statutes and Regulations

Certified Direct-Entry Midwives

December 2023

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING

NOTE: The official version of the statutes in this document is printed in the Alaska Statutes, copyrighted by the State of Alaska. The official version of the regulations in this document is published in the Alaska Administrative Code, copyrighted by the State of Alaska. If any discrepancies are found between this document and the official versions, the official versions will apply.

Rev. 12/17/2023

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Section

CHAPTER 65.
DIRECT-ENTRY MIDWIVES

Section

Sec. 08.65.010. BOARD ESTABLISHED. (a) There is established the Board of Certified Direct-Entry Midwives.

(b) The board consists of five members appointed by the governor subject to confirmation by the legislature in joint session. Members serve for staggered terms of four years and, except as provided in AS 39.05.080(4), each member serves until a successor is appointed and qualified. The board consists of two members who are certified in this state as direct-entry midwives, one physician licensed by the State Medical Board in this state who has an obstetrical practice or has specialized training in obstetrics, one certified nurse midwife licensed by the Board of Nursing in this state, and one public member.

(c) The board shall elect a chair and a secretary from among its members to terms of one year.

(d) A member may serve no more than two complete consecutive terms on the board.

Sec. 08.65.020. MEETINGS. The board shall meet twice annually and may hold special meetings at the call of the chair or on the written notice of two board members.

Sec. 08.65.030. DUTIES AND POWERS OF BOARD. (a) The board shall

(1) examine applicants and issue certificates to those applicants it finds qualified;

(2) adopt regulations establishing certification and certificate renewal requirements;

(3) issue permits to apprentice direct-entry midwives;

(4) hold hearings and order the disciplinary sanction of a person who violates this chapter or a regulation of the board;

(5) supply forms for applications, licenses, permits, certificates, and other papers and records;

(6) enforce the provisions of this chapter and adopt regulations necessary to make the provisions of this chapter effective;

(7) approve curricula and adopt standards for basic education, training, and apprentice programs;

(8) provide for surveys of the basic direct-entry midwife education programs in the state at the times it considers necessary;

(9) approve education, training, and apprentice programs that meet the requirements of this chapter and of the board, and deny, revoke, or suspend approval of those programs for failure to meet the requirements;

(10) adopt regulations establishing practice requirements for certified direct-entry midwives under AS 08.65.140.

(b) The board may by regulation require that a certified direct-entry midwife undergo a uniform or random period of peer review to ensure the quality of care provided by the certified direct-entry midwife.

Sec. 08.65.040. ADMINISTRATIVE PROCEDURE ACT. AS 44.62 (Administrative Procedure Act) applies to regulations and proceedings under this chapter.

Sec. 08.65.050. QUALIFICATIONS FOR LICENSE. The board shall issue a certificate to practice direct-entry midwifery to a person who

(1) applies on a form provided by the board;

(2) pays the fees required under AS 08.65.100;

(3) furnishes evidence satisfactory to the board that the person has not engaged in conduct that is a ground for imposing disciplinary sanctions under AS 08.65.110;

(4) furnishes evidence satisfactory to the board that the person has completed a course of study and supervised clinical experience; the study and experience must be of at least one year's duration;

(5) successfully completes the examination required by the board.

Sec. 08.65.060. EXAMINATIONS. The board shall conduct examinations at least once each year. Examinations may be written, oral, or practical or a combination of these. The board shall utilize the examination provided by a nationally certified midwives organization recognized by the board. An applicant who has failed the examination may not retake the examination for a period of six months. An applicant who has failed the examination more than one time may not retake the examination unless the applicant has participated in or successfully completed further education and training programs as prescribed by the board. The board may require an applicant to pass an examination about Alaska laws that are applicable to the profession of direct-entry midwives.

Sec. 08.65.070. LICENSURE BY CREDENTIALS. The board may by regulation provide for the certification without examination of a person who meets the requirements of AS 08.65.050(1) — (4), who is currently licensed in another state with licensing requirements at least equivalent in scope, quality, and difficulty to those of this state, and who has passed the national examination required of certified direct-entry midwives in this state. At a minimum, an applicant for certification by credentials

(1) may not be the subject of an unresolved complaint or disciplinary action before a regulatory authority in this state or another jurisdiction;

(2) may not have failed the examination for a certificate or license to practice midwifery in this state;

(3) may not have had a certificate or license to practice midwifery revoked in this state or another jurisdiction;

(4) shall submit proof of continued competency satisfactory to the board; and

(5) shall pay the required fees.

Sec. 08.65.080. RENEWAL. A certificate issued under AS 08.65.050 or 08.65.070 expires on a date determined by the board and may be renewed every two years upon payment of the required fee and the submission of evidence satisfactory to the board that the certified direct-entry midwife has met the continuing education requirements of the board, has demonstrated continued practical professional competence under regulations adopted by the board, and has not committed an act that is a ground for discipline under AS 08.65.110.

Sec. 08.65.090. APPRENTICE DIRECT-ENTRY MIDWIVES. (a) The board shall issue a permit to practice as an apprentice direct-entry midwife to a person who satisfies the requirements of AS 08.65.050 (1) — (3) and who has been accepted into a program of education, training, and apprenticeship approved by the board under AS 08.65.030. A permit application under this section must include information the board may require. The permit is valid for a term of two years and may be renewed in accordance with regulations adopted by the board.

(b) An apprentice direct-entry midwife may perform all the activities of a certified direct-entry midwife if supervised in a manner prescribed by the board by

(1) a certified direct-entry midwife who has been licensed and practicing in this state for at least two years and has acted as a primary or assistant midwife at 50 or more births since the date the certified direct-entry midwife was first licensed;

(2) a certified direct-entry midwife who has been licensed for at least two years in a state with licensing requirements at least equivalent in scope, quality, and difficulty to those of this state at the time of licensing, has practiced midwifery for the last two years, and has acted as a primary or assistant midwife at 50 or more births since the date the certified direct-entry midwife was first licensed;

(3) a physician licensed in this state with an obstetrical practice at the time of undertaking the apprenticeship; or

(4) a certified nurse midwife licensed by the Board of Nursing in this state with an obstetrical practice at the time of undertaking the apprenticeship.

Sec. 08.65.100. FEES. The department shall set fees under AS 08.01.065 to implement this chapter.

Sec. 08.65.110. GROUNDS FOR DISCIPLINE, SUSPENSION, OR REVOCATION OF CERTIFICATION. The board may impose a disciplinary sanction on a person holding a certificate or permit under this chapter if the board finds that the person

(1) secured a certificate or permit through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or other crime that affects the licensee's ability to continue to practice competently and safely;

(5) intentionally or negligently engaged in or permitted the performance of client care by persons under the certified direct-entry midwife's supervision that does not conform to minimum professional standards regardless of whether actual injury to the client occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) failure to keep informed of current professional practices;

(C) addiction or severe dependency on alcohol or other drugs that impairs the ability to practice safely;

(D) physical or mental disability;

(8) engaged in lewd or immoral conduct in connection with the delivery of professional service to clients.

Sec. 08.65.120. DISCIPLINARY SANCTIONS. (a) When it finds that a person holding a certificate or permit is guilty of an offense under AS 08.65.110, the board, in addition to the powers provided in AS 08.01.075, may impose the following sanctions singly or in combination:

(1) permanently revoke a certificate or permit to practice;

(2) suspend a certificate or permit for a determinate period of time;

(3) censure a person holding a certificate or permit;

(4) issue a letter of reprimand;

(5) place a person holding a certificate or permit on probationary status and require the person to

(A) report regularly to the board upon matters involving the basis of probation;

(B) limit practice to those areas prescribed;

(C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the board to need improvement;

(6) impose limitations or conditions on the practice of a person holding a certificate or permit.

(b) The board may withdraw probationary status if it finds that the deficiencies that required the sanction have been remedied.

(c) The board may summarily suspend a license before final hearing or during the appeals process if the board finds that the licensee poses a clear and immediate danger to the public health and safety if the licensee continues to practice. A person whose license is suspended under this section is entitled to a hearing conducted by the office of administrative hearings (AS 44.64.010) not later than seven days after the effective date of the order, and the person may appeal the suspension after a hearing to a court of competent jurisdiction.

(d) The board may reinstate a certificate or permit that has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with reasonable skill and safety.

(e) The board shall seek consistency in the application of disciplinary sanctions, and significant departure from prior decisions involving similar situations shall be explained in findings of fact or orders.

Sec. 08.65.130. CRIMINAL PENALTY. A person who violates this chapter is guilty of a class B misdemeanor.

Sec. 08.65.140. REQUIRED PRACTICES. The board shall adopt regulations regarding the practice of direct-entry midwifery. At a minimum, the regulations must require that a certified direct-entry midwife

(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) comply with AS 18.15.150 regarding taking of blood samples, AS 18.15.200 regarding screening of phenylketonuria (PKU), AS 18.50.160 regarding birth registration, AS 18.50.230 regarding registration of deaths, AS 18.50.240 regarding fetal death registration, and regulations adopted by the Department of Health concerning prophylactic treatment of the eyes of newborn infants;

(4) not knowingly deliver a woman with certain types of health conditions, prior history, or complications as specified by the board.

Sec. 08.65.150. PROHIBITED PRACTICES. Except as provided in AS 08.65.170, a person who is not certified under this chapter as a direct-entry midwife may not practice midwifery for compensation.

Sec. 08.65.160. CERTIFICATION REQUIRED IF DESIGNATION USED. A person who is not certified under this chapter or whose certification is suspended or revoked, or whose certification has lapsed, who knowingly uses in connection with the person's name the words or letters "C.D.M.," "Certified Direct-Entry Midwife," or other letters, words, or insignia indicating or implying that the person is certified as a direct-entry midwife by this state or who in any way, orally or in writing, directly or by implication, knowingly holds out as being certified by the state as a direct-entry midwife in this state is guilty of a class B misdemeanor.

Sec. 08.65.170. EXCLUSIONS. This chapter does not apply to a person

(1) who is licensed as a physician in this state;

(2) who is licensed as a certified nurse midwife by the Board of Nursing in this state;

(3) *[Repealed, sec. 6 ch 99 SLA 2014.]*
(4) *[Repealed, sec. 6 ch 99 SLA 2014.]*

Sec. 08.65.180. RESPONSIBILITY FOR CARE. If a certified direct-entry midwife seeks to consult with or refer a patient to a licensed physician, the responsibility of the physician for the patient does not begin until the patient is physically within the physician's care.

Sec. 08.65.190. DEFINITIONS. In this chapter,
(1) "board" means the Board of Certified Direct-Entry Midwives;
(2) "department" means the Department of Commerce, Community, and Economic Development;
(3) "practice of midwifery" means providing necessary supervision, health care, preventative measures, and education to women during pregnancy, labor, and the postpartum period; conducting deliveries on the midwife's own responsibility; providing immediate postpartum care of the newborn infant, well-baby care for the infant through the age of four weeks, and preventative measures for the infant; identifying physical, social, and emotional needs of the newborn and the woman; arranging for consultation, referral, and continued involvement of the midwife on a collaborative basis when the care required extends beyond the scope of practice of the midwife; providing direct supervision of student and apprentice midwives; and executing emergency measures in the absence of medical assistance, as specified in regulations adopted by the board.

CHAPTER 14.
BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES.

Article

ARTICLE 1.
CERTIFICATION REQUIREMENTS.

Section

12 AAC 14.100. TRANSITIONAL CERTIFICATION. Repealed 1/1/2000.

12 AAC 14.110. CERTIFICATION BY EXAMINATION. (a) The board will issue a certificate as a direct-entry midwife to an applicant who meets the requirements of AS 08.65.050 and this section, and passes the examination required in 12 AAC 14.300.

(b) An applicant for certification shall

(1) submit documentation that the applicant is at least 18 years of age;

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

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

(4) submit verification of a high school education or its equivalent;

(5) submit copies verifying a current

(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); and

(C) certification in neonatal resuscitation from the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics;

(6) submit an affidavit signed by the applicant that verifies compliance with AS 08.65.050(3); and

~~(7) submit written evidence of satisfactory completion of the course of study requirements in 12 AAC 14.200 and supervised clinical experience requirements in 12 AAC 14.210; the combined length of study and experience must be at least one year.~~

~~(c) In order to be scheduled for review by the board at its next regularly scheduled meeting, a complete application for certification and all supporting documents, including the requirements of (b) of this section, must be received by the division's Juneau office before the board will review the application.~~

~~(d) The board will approve a program as a substitution for a program required under (b)(5) of this section, if the board determines that the substitute program is equivalent to the program required under (b)(5) of this section.~~

Authority: AS 08.65.030 AS 08.65.050

Editor's note: The division's Juneau office mailing address is State of Alaska, Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806, and its physical address is State Office Building, 9th Floor, 333 Willoughby Avenue, Juneau, Alaska.

12 AAC 14.120. CERTIFICATION BY CREDENTIALS. (a) The board may issue a certificate by credentials to practice as a direct-entry midwife to an applicant who meets the requirements of AS 08.65.070 and this section.

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

(1) a complete ~~and notarized~~ application on a form provided by the department;

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

~~(3) an authorization from the applicant for release of the applicant's records to the department, on a form provided by the department;~~

(4) copies verifying a current

(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); and

(C) certification in neonatal resuscitation from the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics;

(5) verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice midwifery; at least one verification must indicate a current license in good standing; the verifications must document that the applicant is not the subject of any unresolved complaints or any unresolved disciplinary actions and has never had a license to practice midwifery revoked;

~~(6) an affidavit signed by the applicant or by a state licensing agency verifying that the applicant completed a course of study and supervised clinical experience of at least one year's duration as required under AS 08.65.050;~~

(7) verification of passing the North American Registry of Midwives Examination (NARM) sent directly to the department from NARM;

~~(8) documentation of fulfillment of the continuing competency requirements in 12 AAC 14.420 – 12 AAC 14.430 during the two years immediately preceding the date of application;~~

~~(9) an affidavit from the applicant on a form provided by the department documenting that the applicant was the primary or assisting midwife for at least 10 births, five of which the applicant was the primary midwife, within the 24 months preceding the date of application; the affidavit must include the information required in 12 AAC 14.210(e)(1) – (8).~~

~~(c) In order to be scheduled for review by the board at its next regularly scheduled meeting, a complete application for certification and all supporting documents, including the requirements of (b) of this section, must be received by the division's Juneau office before the board will review the application.~~

~~(d) The board will approve a program as a substitution for a program required under (b)(4) of this section, if the board determines that the substitute program is equivalent to the program required under (b)(4) of this section.~~

(e) In addition to the requirements of this section, the board may request that the applicant be interviewed by the board, or provide additional information relating to the applicant's previous practice, including additional records and written explanations.

Authority: AS 08.65.030 AS 08.65.070

12 AAC 14.125. EMERGENCY COURTESY LICENSE. (a) In an urgent situation, the board may issue an emergency courtesy license to practice as a direct-entry midwife to an applicant who has a license in good standing to practice direct-entry midwifery in another jurisdiction with licensing requirements at least equivalent to those of this state, and who meets the requirements of this section. The board may limit the scope of a license issued under this section, as appropriate to respond to the urgent situation.

(b) An applicant for an emergency courtesy license under this section must submit to the department a completed application on a form provided by the department. A complete application includes

(1) the applicable application and licensing fees established in 12 AAC 02.145;

(2) verification of a current license in good standing to practice direct-entry midwifery in another state or other jurisdiction;

(3) certification that the applicant is not the subject of an unresolved complaint or disciplinary action before a regulatory authority in any jurisdiction;

(4) evidence satisfactory to the board that the applicant has not engaged in conduct that is ground for imposing disciplinary sanctions under AS 08.65.110;

(5) certification that the applicant has completed a course of study and supervised clinical experience of at least one year's duration, and has passed the national examination required of certified direct-entry midwives in this state.

(c) An emergency courtesy license issued under this section is valid for the period specified by the board and may not exceed 120 consecutive days.

(d) While practicing under an emergency courtesy license issued under this section, the holder of the license must comply with the standards of practice set out in AS 08.65 and this chapter and is subject to discipline for actions taken or omitted while practicing under the emergency courtesy license.

(e) The board may refuse to issue an emergency courtesy license for the same reasons that it may deny, suspend, or revoke a license under AS 08.65.110.

(f) In this section, "urgent situation" means a health crisis that requires increased availability of direct-entry midwives.

Authority: AS 08.01.062 AS 08.65.030 AS 08.65.050

12 AAC 14.130. REVIEW OF AN APPRENTICE DIRECT-ENTRY MIDWIFE PERMIT APPLICATION. (a) A person may not practice as an apprentice direct-entry midwife in this state unless that person has been issued a permit under this section.

(b) An applicant who meets the requirements on the checklist set out in (c) of this section has demonstrated the necessary qualifications for an apprentice direct-entry midwife permit. An applicant who does not meet the requirements on the checklist or whose application documents do not clearly show that the applicant is qualified to receive an apprentice direct-entry midwife permit will not be issued a permit unless the board further reviews the application and determines that the applicant meets the qualifications in AS 08.65 and this chapter for that permit.

(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

(1) submits a completed application on a form provided by the department, that includes the applicant's

(A) name, mailing address and telephone number;

(B) date of birth that shows the applicant is at least 18 years of age; and

(C) signed authorization for release of records;

(2) pays the application fee and the apprentice direct-entry midwife permit fee established in 12 AAC 02.145;

(3) certifies that the applicant has earned a high school diploma or its equivalent and provides the name of the issuing institution and the date the diploma or its equivalent was issued;

(4) submits an affidavit signed by the applicant that verifies compliance with AS 08.65.050(3);

(5) submits verification of acceptance into an apprenticeship program that the board has approved under 12 AAC 14.220; and

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

(d) As part of the verification of acceptance into an approved apprenticeship program, the applicant must provide written documentation of a relationship with an apprenticeship program preceptor.

(e) An apprentice direct-entry midwife shall submit written notice to the department not later than 30 days after any change to the relationship with the apprenticeship program preceptor.

(f) An apprentice direct-entry midwife permit may be renewed by meeting the requirements of 12 AAC 14.410.

(g) In this section, "apprenticeship program preceptor" means an individual who meets the supervisory requirements of AS 08.65.090(b), holds a license in good standing, and is registered as a preceptor with North American Registry of Midwives (NARM).

Authority: AS 08.65.030 AS 08.65.090

12 AAC 14.135. TEMPORARY MILITARY COURTESY CERTIFICATE OR PERMIT. (a) The board will issue a temporary military courtesy certificate or permit to an active duty military member or spouse of an active duty military member of the armed forces of the United States to practice as a direct-entry midwife or apprentice direct-entry midwife to an applicant who meets the requirements of AS 08.01.063 and this section not later than 30 days after the board receives a completed application.

(b) An applicant for a temporary military courtesy certificate or permit under this section

(1) must submit an application on a form provided by the department;

(2) must pay the temporary license application fee and fee for a temporary license set out under 12 AAC 02.105;

(3) must submit a copy of

(A) the applicant's current active duty military orders showing assignment to a duty station in this state; or

(B) if the applicant is the spouse of an active duty military member, the applicant's spouse's current active duty military orders showing assignment to a duty station in this state;

(4) must submit documentation showing the applicant is currently licensed, certified, or permitted, and in good standing in another licensing, certifying, or permitting jurisdiction and the applicant's license, certificate, or permit in the other jurisdiction is not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements;

(5) must demonstrate that the jurisdiction of current licensure or certification required the education in 12 AAC 14.200 as a condition of licensure or certification;

(6) must demonstrate that the jurisdiction of current licensure or certification required a passing score on the examination in AS 08.65.060, as a condition of licensure or certification; and

(7) may not have been convicted of a crime that affects the applicant's ability to practice as a direct-entry midwife competently and safely, as determined by the board.

(c) A temporary military courtesy certificate or permit issued to an active duty military member or spouse of an active duty military member under this section will be issued for a period of 180 days and may be renewed for one additional 180-day period, at the discretion of the board.

(d) While practicing under a temporary military courtesy certificate or permit issued under this section, the holder of the temporary military courtesy certificate or permit must comply with the standards of practice set out in AS 08.65 and this chapter.

(e) The board may refuse to issue a temporary military courtesy certificate or permit for the same reasons that it may deny, suspend, or revoke a certificate or permit under AS 08.65.110 and 08.65.120.

Authority: AS 08.01.062 AS 08.01.063 AS 08.65.030

12 AAC 14.140. APPLICATION MADE UNDER OATH OR AFFIRMATION; DISCIPLINARY SANCTIONS. The applicant must sign the application and swear to or affirm the truth of its contents. False or misleading statements or information on the application, whether or not made knowingly, are grounds for denial of approval to take an examination under AS 08.65 or for disciplinary sanctions under AS 08.65.120.

Authority: AS 08.65.030 AS 08.65.110 AS 08.65.120
AS 08.65.050

12 AAC 14.150. SCOPE OF PRACTICE. Repealed 2/22/2023.

ARTICLE 2.
EDUCATION AND EXPERIENCE.

Section
200. Course of study requirements
210. Supervised clinical experience requirements
220. Apprenticeship programs

12 AAC 14.200. COURSE OF STUDY REQUIREMENTS. (a) On or after 2/22/2023, 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 Midwifery Education Accreditation Council (MEAC)-accredited institution or from a midwifery school or program where the applicant completed the course of study.

Authority: AS 08.65.030 AS 08.65.050

~~**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, is registered as a preceptor with North American Registry of Midwives (NARM), and~~

~~(1) meets the qualifications of AS 08.65.090(b); or~~

~~(2) is a midwife who has been licensed in another state or country and practicing midwifery for at least the two years immediately preceding the date that the supervision began, and as determined by the board, the state or country in which the midwife has been licensed had licensing requirements substantially equivalent in scope, quality, and difficulty to those of this state at the time of licensure; or~~

~~(3) repealed 2/22/2023;~~

~~(4) repealed 2/22/2023;~~

~~(5) has met the requirements of AS 08.65.050(3) and (4); the supervised clinical experience must have met the requirements of this section.~~

~~(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 labor and deliveries of the newborn and placenta;~~

~~(5) 40 newborn examinations; and~~

~~(6) 50 postpartum examinations of the mother.~~

~~(c) As part of the supervised clinical experiences required in (b) of this section, an applicant must have provided continuous care to at least 15 clients. "Continuous care" means, for the same client, the applicant~~

~~(1) performed at least six prenatal visits;~~

~~(2) observed, assisted with, or had primary responsibility for labor and delivery of the newborn and placenta;~~

~~(3) performed a newborn examination; and~~

~~(4) performed a postpartum examination of the mother.~~

~~(d) An applicant must have completed at least 10 of the supervised clinical experiences required in (b)(3) and (4) of this section, in any combination, within the two years immediately preceding the date of application.~~

~~(e) On a form provided by the department, an applicant shall document the applicant's clinical experience, including the following information, if applicable:~~

~~(1) the date of birth;~~

~~(2) the location of birth;~~

~~(3) the infant's gender;~~

~~(4) the infant's weight;~~

~~(5) the name of the person who managed the labor;~~

~~(6) the name of the person who delivered the newborn and placenta;~~

(7) any complication and its outcome;
(8) a detailed explanation of any situation that required emergency transport; and
(9) the signature of the applicant's preceptor verifying that the experience was supervised and that the care provided was within the scope of AS 08.65 and this chapter.

(f) An applicant's preceptor shall test the applicant and keep a record of the applicant's performance of practical skills on the form titled *Practical Skills List for Alaska Certified Direct-Entry Midwives*, dated January 2003, adapted from the copyrighted 2002 version of the North American Registry of Midwives and used by permission, and adopted by reference. This form is provided by the department and is established by the board for use by a preceptor to document an applicant's completion of the practical skills required by the board. The requirements of this subsection do not apply to an applicant who has graduated from a school of midwifery preapproved or accredited by the Midwifery Education Accreditation Council (MEAC).

Authority: AS 08.65.030 AS 08.65.050

Editor's note: Copies of the Practical Skills List for Alaska Certified Direct-Entry Midwives adopted by reference in 12 AAC 14.210(f) may be obtained from the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, Board of Certified Direct-Entry Midwives, P.O. Box 110806, Juneau, AK 99811-0806; Phone: (907) 465-2580.

12 AAC 14.220. APPRENTICESHIP PROGRAMS. (a) To be approved by the board, an apprenticeship program must
(1) be for a duration of at least one year;
(2) be conducted under the supervision of an apprenticeship program preceptor; and
(3) provide a training program for the apprentice that meets the course of study and supervised clinical experience requirements of 12 AAC 14.200 and 12 AAC 14.210.

(b) For purposes of this section, an apprenticeship program preceptor means an individual who meets the supervisory requirements of AS 08.65.090(b) and is registered as a preceptor with North American Registry of Midwives (NARM).

Authority: AS 08.65.030 AS 08.65.090

ARTICLE 3.
EXAMINATION.

Section
300. Examination

12 AAC 14.300. EXAMINATION. (a) The examination required for certification as a direct-entry midwife is the national examination prepared and graded by the North American Registry of Midwives. The national examination required under this subsection for certification is
(1) any version of the national examination administered before February 18, 1994, if the applicant passed the examination before February 18, 1994; or
(2) any version of the national examination, revised on or after December 28, 1993.

(b) An applicant for certification as a direct-entry midwife must submit a certified true copy of the results of the national examination specified in (a) of this section showing that the applicant has received a passing score on the national examination.

(c) In order to be scheduled for an examination, the following items must be received by the division's Juneau office from the applicant:
(1) a complete, notarized application on a form provided by the department;
(2) the fees established under 12 AAC 02.145;
(3) copies of certification current at the time of application 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;
(4) an authorization from the applicant for release of the applicant's records to the department, on a form provided by the department; and
(5) a notarized academic program completion certification form, provided by the department, signed by the applicant's primary preceptor.

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, Internet address: www.narm.org, e-mail: info@narm.org, telephone: (888) 843-4784. Information

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

ARTICLE 4.
RENEWAL AND CONTINUING COMPETENCY REQUIREMENTS.

Section

12 AAC 14.400. CERTIFICATION RENEWAL REQUIREMENTS. (a) A certificate as a direct-entry midwife expires on March 31 of odd 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

(A) verifying a current

(i) certification in the Basic Life Support for Health Care Providers Program (BLS); and

(ii) certification in the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics; and

(B) verifying a current certified professional midwife certification in good standing from the North American Registry of Midwives (NARM); and

(5) demonstrate continued practical professional competency by verifying

(A) fulfillment of the continuing competency requirements in 12 AAC 14.420 – 12 AAC 14.445; and

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

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.410. APPRENTICE PERMIT RENEWAL REQUIREMENTS. (a) An apprentice direct-entry midwife permit is valid for two years from the date of issue.

(b) An individual applying for renewal of an apprentice direct-entry midwife permit shall

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

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

(3) document continued qualification under 12 AAC 14.130.

Authority: AS 08.65.030 AS 08.65.090

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).

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.430. APPROVED CONTINUING EDUCATION PROGRAMS. Repealed 2/22/2023.

12 AAC 14.440. CONTINUING PROFESSIONAL PRACTICE REQUIREMENTS. 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.

Authority: AS 08.65.030 AS 08.65.080

~~**12 AAC 14.445. PEER REVIEW.** (a) A certified direct-entry midwife shall participate in not less than four hours of peer review during each certification period.~~

~~(b) During each certification period, a certified direct-entry midwife~~

(1) who was primarily responsible for a patient's care during that certification period shall, in accordance with (e) of this section, submit for peer review the records maintained under 12 AAC 14.540 for at least one case in which that midwife was primarily responsible; or

(2) who was not primarily responsible for any patient's care during that certification period shall, in accordance with (e) of this section, submit for peer review the records maintained under 12 AAC 14.540 for at least one case in which that midwife was involved.

(e) A certified direct-entry midwife submitting records under (b) of this section shall ensure that those records are kept confidential as required by state and federal law and, if records are submitted electronically, shall ensure that an electronic submission has sufficient security to maintain the confidentiality of the records submitted.

(d) A peer review participant receiving records submitted by a certified direct-entry midwife under (b) of this section shall ensure that the records received are kept confidential as required by state and federal law.

(e) A certified direct-entry midwife must submit the applicable records described under (b) of this section to no fewer than two professionals licensed in this state, at least one of whom must be a certified direct-entry midwife from a practice other than that of the certified direct-entry midwife submitting for peer review, and the other of whom must be a

(1) certified direct-entry midwife from a practice other than that of the certified direct-entry midwife submitting for peer review;

(2) registered nurse;

(3) advanced practice registered nurse; or

(4) physician.

(f) Results or recommendations made by a peer review participant to the board in connection with a case submitted for peer review under this section are not binding on the board.

(g) A certified direct-entry midwife is responsible for maintaining adequate and detailed records of peer review participation performed under (a) of this section and of a case submitted under (b) of this section and shall make the records available to the board upon request.

(h) Failure to comply with the requirements of this section is grounds for disciplinary sanction under AS 08.65.110.

(i) In this section, "peer review" means the review of a case submitted by a certified direct-entry midwife under (b) of this section by the peer review participants described under (e) of this section where each peer review participant and the certified direct-entry midwife submitting for peer review are able to communicate synchronously in real time.

Authority: AS 08.65.030 AS 08.65.110 AS 08.65.140

12 AAC 14.450. CONTINUING COMPETENCY REQUIREMENTS FOR FIRST TIME CERTIFICATE RENEWALS. Repealed 2/22/2023.

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 at the time the certificate holder applies for renewal.

(b) The board may require an applicant for renewal to submit additional evidence of compliance with the requirements of 12 AAC 14.420 – 12 AAC 14.445. The certificate holder shall maintain evidence of compliance with the requirements of 12 AAC 14.420 – 12 AAC 14.445 for three years.

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.470. REINSTATEMENT OF A LAPSED CERTIFICATE. (a) The board will, in its discretion, reinstate a certificate that has been lapsed less than two years if the applicant

(1) repealed 3/2/2011;

(2) complies with the certificate renewal requirements in 12 AAC 14.400(b).

(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

(1) repealed 12/17/97;

(2) pays the renewal fee required in 12 AAC 02.145 for the current renewal period;

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

(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) the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics;

(5) documents completion of the continuing education requirements in 12 AAC 14.420 for the entire period since the certificate lapsed;

(6) documents completion of

(A) the continuing professional practice requirements in 12 AAC 14.440 for the entire period since the certificate lapsed; or

(B) at least 10 preceptor-supervised deliveries in the year immediately preceding the application for reinstatement in which the applicant was the primary or assisting midwife; in at least five of the supervised deliveries, the applicant must have been the primary midwife;

(7) submits verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice midwifery; the verification must document that the applicant is not the subject of any unresolved complaints or any unresolved disciplinary actions and has never had a license to practice midwifery revoked.

(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.

Authority: AS 08.01.100 AS 08.65.030 AS 08.65.080

ARTICLE 5.
DUTIES AND RESPONSIBILITIES.

Section

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 not later than 10 days after the first prenatal visit, order a serological test for syphilis;

(4) provide each client with contact information for 24-hour on-call availability by a certified direct-entry midwife throughout pregnancy, the intrapartum period, and the postpartum period;

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

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

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

(8) inspect the placenta and membranes for completeness;

(9) inspect the perineum and vagina postpartum for lacerations and stabilize or repair, as appropriate;

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

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

(12) reevaluate maternal and newborn wellbeing not later than 36 hours after delivery;

(13) use universal precautions with all biohazard materials;

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

(15) ensure the newborn is tested for phenylketonuria (PKU);

(16) offer to one or both parents to obtain and submit a blood sample in accordance with the recommendations for metabolic screening of the newborn;

(17) offer to one or both parents an injection of vitamin K for the newborn in accordance with the indication, dose, and administration route set forth in 12 AAC 14.570;

(18) not later than one week after delivery, refer the parents to a facility with a newborn hearing screening program;

(19) not later than two hours after the birth, offer to one or both parents the administration of antibiotic ointment into the eyes of the newborn, in accordance with state law on the prevention of infant blindness;

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

(21) maintain adequate antenatal and perinatal records of each client and provide records to any consulting licensed physician and advanced practice registered nurse in accordance with regulations under P.L. 104-191 (Health Insurance Portability and Accountability Act of 1996 (HIPAA)).

(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 home-birth.

(c) A certified direct-entry midwife shall make a home visit to the client before delivery to assess the physical environment, to determine whether the home-birth client has the necessary supplies, to prepare the client for the birth, and to instruct the family in correction of problems or deficiencies.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.510. CONSULTATION AND REFERRAL. (a) A certified direct-entry midwife shall consult with a licensed physician or advanced practice registered nurse 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 advanced practice registered nurse until resolution of the cause of the deviation.

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

(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 before the 37th week of 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 that may have a detrimental effect on the 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, 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 before 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 before 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) physician consultation or transfer desired by the client or certified direct-entry midwife;

(3) postpartum

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

(B) signs or symptoms of maternal shock;

(C) febrile symptoms or fever 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 advanced practice registered nurse with regard to any neonate who is born with or develops

(1) an 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.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.520. TRANSFER. (a) Transport of a client by means of a private vehicle is an acceptable method of transport if it is the most expedient and safest method for accessing medical services. When transferring a client, 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; and
(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 out 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) delivery occurs during transport.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.530. PROHIBITED PRACTICES. A certified direct-entry midwife may 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 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 and 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.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

Editor's notes: The metabolic blood disorder kits may be obtained from the Department of Health, division of public health, section of women's, children's and family health, 3601 C Street, Suite 322, Anchorage, Alaska 99503-5923.

12 AAC 14.540. RECORDS AND REPORTS. (a) A certified direct-entry midwife shall maintain records of each client on standard obstetric forms.

(b) A certified direct-entry midwife shall maintain records of the recommended medical visit, all prenatal visits, the charting of labor and delivery, the summary of birth, and the charting of the newborn examination and postpartum visits.

(c) A certified direct-entry midwife shall maintain birth records of an infant until at least two years after the infant has reached the age of 19 years. Prenatal and infant records must be maintained for at least seven years from the date of the birth.

(d) A certified direct-entry midwife shall provide copies of pertinent records to medical personnel when the client or infant is referred for medical care or transported for emergency care.

(e) All records maintained by the certified direct-entry midwife are subject to review by the board.

~~(f) Not later than 14 days after the delivery or transfer of care of a client for whom a certified direct-entry midwife had primary responsibility, the certified direct-entry midwife shall report to the board on a form provided by the department if that client died.~~

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.550. MEDICAL BACK-UP ARRANGEMENTS. (a) A certified direct-entry midwife shall have written back-up arrangements that must include procedures concerning

(1) alternate midwife assistance for clients in the certified direct-entry midwife's absence; and

(2) abnormal conditions and medically indicated maternal or infant consultations;

(3) repealed 3/2/2011.

(b) A certified direct-entry midwife shall present the written back-up arrangements to the board upon request.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.560. PERMITTED PRACTICES. (a) The following practices may be performed by a certified direct-entry midwife who, in accordance with (c) of this section, 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 to the certified direct-entry midwife by the board.

Authority: AS 08.65.030

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:

(1) xylocaine hydrochloride, one or two percent, administered by infiltration, for the postpartum repair of tears, lacerations, and episiotomy;

(2) cetacaine, applied topically, for the postpartum repair of tears, lacerations, and episiotomy;

(3) vitamin K, administered by intramuscular injection, for the prevention of acute and late onset hemorrhagic disease of the infant;

(4) Rh immune globulin, administered by intramuscular injection, for an unsensitized client with Rh negative type blood to prevent Rh disease;

(5) eye prophylaxis as required by 7 AAC 27.111;

(6) oxytocin, administered by intramuscular injection or intravenously after delivery of the neonate, for the prevention or treatment of postpartum hemorrhage;

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

(8) lactated ringers, plain or with dextrose five percent, or normal saline, up to 2,000 milliliters administered intravenously to a client who would benefit from hydration;

(9) antibiotic intravenous therapy treatment for Group B *Streptococci* in accordance with the United States Department of Health and Human Services, Centers for Disease Control and Prevention's *Prevention of Perinatal Group B Streptococcal Disease: Revised Guidelines from CDC*, revised as of August 16, 2002 and adopted by reference, except that vancomycin may not be administered;

(10) epinephrine for allergic reaction or anaphylactic shock;

(11) diphenhydramine administered by intramuscular injection or intravenously for allergic reaction or anaphylactic shock;

(12) an anti-diarrheal agent, including loperamide or diphenoxylate/atropine.

Authority: AS 08.65.030 AS 08.65.190

12 AAC 14.580. WITHDRAWAL FROM SERVICE. (a) A certified direct-entry midwife may withdraw from responsibility for a client during the prenatal period if, for any reason, the midwife does not feel comfortable continuing as the client's midwife. The decision to withdraw may take into account

(1) the client's failure to consult a physician when recommended to do so by the certified direct-entry midwife;
(2) the client's failure or refusal to follow recommendations;
(3) personality incompatibilities; or
(4) any other factor that the certified direct-entry midwife believes may create an unwarranted risk to the client, fetus, or infant, or may interfere with the certified direct-entry midwife's ability to care responsibly for the client, fetus, or infant.

(b) If the certified direct-entry midwife withdraws, the midwife shall immediately notify the client in writing and shall cooperate with the client in finding alternative care.

(c) After the onset of labor, a certified direct-entry midwife may withdraw only if the midwife believes that the midwife is unable to competently care for the client, fetus, or infant. The certified direct-entry midwife shall arrange for transfer of the client to medical care. If the client refuses to accept transfer to medical care, the certified direct-entry midwife shall document the relevant events and shall stay with the client until attended by hospital or emergency medical personnel.

Authority: AS 08.65.030

ARTICLE 6.
EMERGENCY MEASURES.

Section
600. Emergency practices
610. Emergency transport plan
620. Emergency defined

12 AAC 14.600. EMERGENCY PRACTICES. In addition to the practices permitted in 12 AAC 14.560, in an emergency a certified direct-entry midwife who has documented training and skills demonstrating competence as set out in 12 AAC 14.560 may attend or deliver a woman whose condition is outside the scope of practice under 12 AAC 14.500.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.610. EMERGENCY TRANSPORT PLAN. (a) A certified direct-entry midwife shall present a copy of the midwife's emergency transport plan to each client before the onset of labor.

(b) The emergency transport plan must be signed by the client and include

(1) written permission to release the client's records to a physician in an emergency; and

(2) a statement that costs will be incurred for emergency transportation and an agreement as to who is responsible for the costs.

(c) The certified direct-entry midwife shall include the signed emergency transport plan in the client's records.

Authority: AS 08.65.030 AS 08.65.190

12 AAC 14.620. EMERGENCY DEFINED. In this chapter and in AS 08.65, "emergency" means a situation that presents an immediate hazard to the health and safety of the client.

Authority: AS 08.65.030 AS 08.65.190

ARTICLE 7.
GENERAL PROVISIONS.

Section
900. (Repealed)
910. Code of ethics
990. Definitions

12 AAC 14.900. PEER REVIEW. Repealed 1/22/2023.

12 AAC 14.910. CODE OF ETHICS. A certified direct-entry midwife shall adhere to the following materials adopted by reference as a code of ethics for certified direct-entry midwives in this state:

(1) *Alaska Board of Certified Direct-Entry Midwives Code of Ethics*, adopted April 26, 1994;

(2) the Midwives Alliance North America (MANA) *Statement of Values and Ethics*, revised and approved August 2010.

Authority: AS 08.65.030 AS 08.65.110 AS 08.65.140

Editor's note: A copy of the *Alaska Board of Certified Direct-Entry Midwives Code of Ethics* may be obtained from the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, Board of Certified Direct-Entry Midwives, State Office Building, 9th Floor, 333 Willoughby Avenue, Juneau, AK 99801; telephone (907) 465-2550; website at https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/Midwives.aspx. A copy of the Midwives Alliance North America (MANA) *Statement of Values and Ethics*, revised and approved August 2010, adopted by

reference in 12 AAC 14.910, may be obtained from the Midwives Alliance of North America, P.O. Box 373, Montvale, NJ 07645 or on the Midwives Alliance North America website at https://mana.org/sites/default/files/pdfs/MANAStatementValuesEthicsColor.pdf.

12 AAC 14.990. DEFINITIONS. In this chapter, unless the context requires otherwise,

(1) "board" means the Board of Certified Direct-Entry Midwives;

(2) "client" means a pregnant woman, postpartum woman up to six weeks, fetus, or newborn, as appropriate;

(3) "department" means the Department of Commerce, Community, and Economic Development;

(4) "preceptor" means a person qualified under AS 08.65.090(b) ~~or 12 AAC 14.210(a) who~~ supervises a person training to be a direct-entry midwife or supervises a lapsed certificate holder in the process of reinstatement under 12 AAC 14.470(b)(6)(B);

(5) "supervision" means the direct observation and evaluation by the preceptor of the clinical experiences and technical skills of the apprentice direct-entry midwife or other supervised person while present with the supervised person in the same room;

(6) "division" means the division of corporations, business and professional licensing.

Authority: AS 08.65.030 AS 08.65.090

APPENDIX

ALASKA BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES
CODE OF ETHICS

On April 26, 1994 the Board of Certified Direct-Entry Midwives adopted the following code of ethics:

1. The principle objective of the midwifery profession is to render service to humanity with full respect for the dignity of the human race. Midwives should merit the confidence of patients entrusted to their care, rendering to each a full measure of services and devotion.

2. Midwives should strive continually to improve medical knowledge and skill, and should make available to their clients and colleagues the benefits of their professional attainments.

3. A midwife should practice a method of maternal care utilizing accreditable research as a criteria for care, and promote such research.

4. The midwifery profession should safeguard the public and itself against midwives deficient in moral character or professional competence. Midwives should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

5. A midwife may choose whom she will serve. In a life-threatening emergency, however, she should render service to the best of her ability. Having undertaken the care of a client, she may not neglect her; and, unless she has been discharged, she may discontinue services only after giving adequate notice.

6. A midwife should not dispense her services under terms or conditions which tend to interfere with or impair her midwifery judgement and skill or tend to cause a deterioration of the quality of midwifery care.

7. A midwife should seek consultation and/or referral upon request; in doubtful or difficult cases; or whenever it appears that the quality of health care would be enhanced thereby.

8 A midwife may not reveal the confidences entrusted to her in the course of midwifery attendance, or the deficiencies she may observe in the character of patients, unless she is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

9. The honored ideals of the midwifery profession imply that the responsibilities of the midwife extend not only to the individual, but also to society where these responsibilities deserve her interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.

Certified Direct-Entry Midwives Adopted by Reference Requirements:

Documents Adopted by Reference	**# of Discretionary Requirements**
Practical Skills list	858
Code of Ethics – 1994	20
Statement and Values of Ethics 2010	57
Prevention of Perinatal Group B Streptococcal Disease: Revised Guidelines from CDC, revised as of August 16, 2002	26
Total:	**961**

Practical Skills list: 858

Section	Title	Requirement Count
I	Professional Issues, Knowledge, and Skills	38
II	General Healthcare Skills	66
III	Maternal Health Assessment	78
IV	Prenatal Care	132
V	Labor, Birth, and Immediate Postpartum	248
VI	Postpartum	122
VII	Well-Baby Care	174
—	Total	858

Code of Ethics – 1994: 20

Item	Summary	Requirement Count
1	Serve humanity with dignity; earn patient trust; provide full service and devotion	3
2	Improve knowledge and skill; share benefits with clients and colleagues	2
3	Use research-based maternal care; promote research	2
4	Safeguard public from unfit midwives; observe laws; uphold dignity; expose unethical conduct	4
5	Freedom to choose clients; must serve in emergencies; cannot abandon clients without notice	3
6	Avoid conditions that impair judgment or care quality	1
7	Seek consultation/referral when requested or needed	1
8	Maintain confidentiality unless legally or ethically required to disclose	2
9	Extend responsibilities to society; participate in public health improvement	2

Statement and Values of Ethics 2010: 57

Section	Title	Requirement Count
I	Woman as a Unique Individual	5
II	Mother and Baby as Whole	6
III	The Nature of Birth	6
IV	The Art of Midwifery	11
V	Woman as Mother	4
VI	The Nature of Relationship	14
VII	Cultural Sensitivity, Competency and Humility	4
—	Statement of Ethics (principles + guidance)	7

Prevention of Perinatal Group B Streptococcal Disease: Revised Guidelines from CDC, revised as of August 16, 2002: 26

Category	Examples of Requirements	Estimated Count
Universal Screening	All pregnant women screened for GBS at 35–37 weeks	1
Specimen Collection	Specific instructions for vaginal and rectal swabs	3
Laboratory Processing	Use of selective broth media, incubation times, susceptibility testing	5

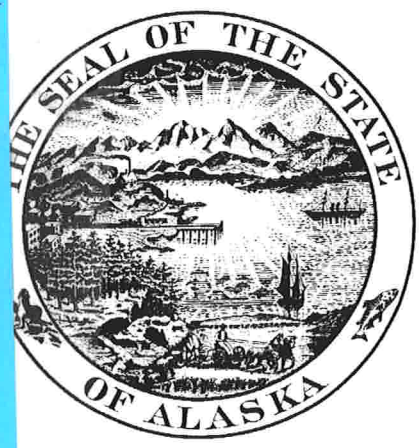
Category	Examples of Requirements	Estimated Count
Intrapartum Prophylaxis	Antibiotic regimens based on allergy status, timing, and delivery method	6
Cesarean Delivery Protocols	No antibiotics for planned C-sections without labor or rupture	1
Preterm Labor Management	Algorithm for threatened preterm delivery	3
Newborn Management	Evaluation and treatment based on maternal GBS status and antibiotic timing	5
Documentation & Communication	Recording GBS status in medical records, informing care teams	2

Statutes and Regulations

Certified Direct-Entry Midwives

December 2023

Docs adopted by ref (MID)	Printed?
1. Practical Skills List, Jan 2015	~~N~~ Y
2. Board of MID code of Ethics, 4/20/94	Y Rev'd
3. MANA Stnd. Values & Ethics Aug. 2010	Y
#1. Not used by board, Rev Stnd Renal?	
#3. MANA dissolved 2024. Update?	
~~Not Scored~~ All others saved	



= counting "discrete" regs

= doc adopted by ref

= consider removing

T OF COMMERCE, COMMUNITY,
CONOMIC DEVELOPMENT

F CORPORATIONS, BUSINESS
OFESSIONAL LICENSING

Rev. 12/17/2023

54 adopted by ref 197 total (regs)

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CHAPTER 65.
DIRECT-ENTRY MIDWIVES

Section

Sec. 08.65.010. BOARD ESTABLISHED. (a) There is established the Board of Certified Direct-Entry Midwives.

(b) The board consists of five members appointed by the governor subject to confirmation by the legislature in joint session. Members serve for staggered terms of four years and, except as provided in AS 39.05.080(4), each member serves until a successor is appointed and qualified. The board consists of two members who are certified in this state as direct-entry midwives, one physician licensed by the State Medical Board in this state who has an obstetrical practice or has specialized training in obstetrics, one certified nurse midwife licensed by the Board of Nursing in this state, and one public member.

(c) The board shall elect a chair and a secretary from among its members to terms of one year.

(d) A member may serve no more than two complete consecutive terms on the board.

Sec. 08.65.020. MEETINGS. The board shall meet twice annually and may hold special meetings at the call of the chair or on the written notice of two board members.

Sec. 08.65.030. DUTIES AND POWERS OF BOARD. (a) The board shall

(1) examine applicants and issue certificates to those applicants it finds qualified;

(2) adopt regulations establishing certification and certificate renewal requirements;

(3) issue permits to apprentice direct-entry midwives;

(4) hold hearings and order the disciplinary sanction of a person who violates this chapter or a regulation of the board;

(5) supply forms for applications, licenses, permits, certificates, and other papers and records;

(6) enforce the provisions of this chapter and adopt regulations necessary to make the provisions of this chapter effective;

(7) approve curricula and adopt standards for basic education, training, and apprentice programs;

(8) provide for surveys of the basic direct-entry midwife education programs in the state at the times it considers necessary;

(9) approve education, training, and apprentice programs that meet the requirements of this chapter and of the board, and deny, revoke, or suspend approval of those programs for failure to meet the requirements;

(10) adopt regulations establishing practice requirements for certified direct-entry midwives under AS 08.65.140.

(b) The board may by regulation require that a certified direct-entry midwife undergo a uniform or random period of peer review to ensure the quality of care provided by the certified direct-entry midwife.

Sec. 08.65.040. ADMINISTRATIVE PROCEDURE ACT. AS 44.62 (Administrative Procedure Act) applies to regulations and proceedings under this chapter.

Sec. 08.65.050. QUALIFICATIONS FOR LICENSE. The board shall issue a certificate to practice direct-entry midwifery to a person who

(1) applies on a form provided by the board;

(2) pays the fees required under AS 08.65.100;

(3) furnishes evidence satisfactory to the board that the person has not engaged in conduct that is a ground for imposing disciplinary sanctions under AS 08.65.110;

(4) furnishes evidence satisfactory to the board that the person has completed a course of study and supervised clinical experience; the study and experience must be of at least one year's duration;

(5) successfully completes the examination required by the board.

Sec. 08.65.060. EXAMINATIONS. The board shall conduct examinations at least once each year. Examinations may be written, oral, or practical or a combination of these. The board shall utilize the examination provided by a nationally certified midwives organization recognized by the board. An applicant who has failed the examination may not retake the examination for a period of six months. An applicant who has failed the examination more than one time may not retake the examination unless the applicant has participated in or successfully completed further education and training programs as prescribed by the board. The board may require an applicant to pass an examination about Alaska laws that are applicable to the profession of direct-entry midwives.

Sec. 08.65.070. LICENSURE BY CREDENTIALS. The board may by regulation provide for the certification without examination of a person who meets the requirements of AS 08.65.050(1) — (4), who is currently licensed in another state with licensing requirements at least equivalent in scope, quality, and difficulty to those of this state, and who has passed the national examination required of certified direct-entry midwives in this state. At a minimum, an applicant for certification by credentials

(1) may not be the subject of an unresolved complaint or disciplinary action before a regulatory authority in this state or another jurisdiction;

(2) may not have failed the examination for a certificate or license to practice midwifery in this state;

(3) may not have had a certificate or license to practice midwifery revoked in this state or another jurisdiction;

(4) shall submit proof of continued competency satisfactory to the board; and

(5) shall pay the required fees.

Sec. 08.65.080. RENEWAL. A certificate issued under AS 08.65.050 or 08.65.070 expires on a date determined by the board and may be renewed every two years upon payment of the required fee and the submission of evidence satisfactory to the board that the certified direct-entry midwife has met the continuing education requirements of the board, has demonstrated continued practical professional competence under regulations adopted by the board, and has not committed an act that is a ground for discipline under AS 08.65.110.

Sec. 08.65.090. APPRENTICE DIRECT-ENTRY MIDWIVES. (a) The board shall issue a permit to practice as an apprentice direct-entry midwife to a person who satisfies the requirements of AS 08.65.050 (1) — (3) and who has been accepted into a program of education, training, and apprenticeship approved by the board under AS 08.65.030. A permit application under this section must include information the board may require. The permit is valid for a term of two years and may be renewed in accordance with regulations adopted by the board.

(b) An apprentice direct-entry midwife may perform all the activities of a certified direct-entry midwife if supervised in a manner prescribed by the board by

(1) a certified direct-entry midwife who has been licensed and practicing in this state for at least two years and has acted as a primary or assistant midwife at 50 or more births since the date the certified direct-entry midwife was first licensed;

(2) a certified direct-entry midwife who has been licensed for at least two years in a state with licensing requirements at least equivalent in scope, quality, and difficulty to those of this state at the time of licensing, has practiced midwifery for the last two years, and has acted as a primary or assistant midwife at 50 or more births since the date the certified direct-entry midwife was first licensed;

(3) a physician licensed in this state with an obstetrical practice at the time of undertaking the apprenticeship; or

(4) a certified nurse midwife licensed by the Board of Nursing in this state with an obstetrical practice at the time of undertaking the apprenticeship.

Sec. 08.65.100. FEES. The department shall set fees under AS 08.01.065 to implement this chapter.

Sec. 08.65.110. GROUNDS FOR DISCIPLINE, SUSPENSION, OR REVOCATION OF CERTIFICATION. The board may impose a disciplinary sanction on a person holding a certificate or permit under this chapter if the board finds that the person

(1) secured a certificate or permit through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or other crime that affects the licensee's ability to continue to practice competently and safely;

(5) intentionally or negligently engaged in or permitted the performance of client care by persons under the certified direct-entry midwife's supervision that does not conform to minimum professional standards regardless of whether actual injury to the client occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) failure to keep informed of current professional practices;

(C) addiction or severe dependency on alcohol or other drugs that impairs the ability to practice safely;

(D) physical or mental disability;

(8) engaged in lewd or immoral conduct in connection with the delivery of professional service to clients.

Sec. 08.65.120. DISCIPLINARY SANCTIONS. (a) When it finds that a person holding a certificate or permit is guilty of an offense under AS 08.65.110, the board, in addition to the powers provided in AS 08.01.075, may impose the following sanctions singly or in combination:

(1) permanently revoke a certificate or permit to practice;

(2) suspend a certificate or permit for a determinate period of time;

(3) censure a person holding a certificate or permit;

(4) issue a letter of reprimand;

(5) place a person holding a certificate or permit on probationary status and require the person to

(A) report regularly to the board upon matters involving the basis of probation;

(B) limit practice to those areas prescribed;

(C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the board to need improvement;

(6) impose limitations or conditions on the practice of a person holding a certificate or permit.

(b) The board may withdraw probationary status if it finds that the deficiencies that required the sanction have been remedied.

(c) The board may summarily suspend a license before final hearing or during the appeals process if the board finds that the licensee poses a clear and immediate danger to the public health and safety if the licensee continues to practice. A person whose license is suspended under this section is entitled to a hearing conducted by the office of administrative hearings (AS 44.64.010) not later than seven days after the effective date of the order, and the person may appeal the suspension after a hearing to a court of competent jurisdiction.

(d) The board may reinstate a certificate or permit that has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with reasonable skill and safety.

(e) The board shall seek consistency in the application of disciplinary sanctions, and significant departure from prior decisions involving similar situations shall be explained in findings of fact or orders.

Sec. 08.65.130. CRIMINAL PENALTY. A person who violates this chapter is guilty of a class B misdemeanor.

Sec. 08.65.140. REQUIRED PRACTICES. The board shall adopt regulations regarding the practice of direct-entry midwifery. At a minimum, the regulations must require that a certified direct-entry midwife

(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) comply with AS 18.15.150 regarding taking of blood samples, AS 18.15.200 regarding screening of phenylketonuria (PKU), AS 18.50.160 regarding birth registration, AS 18.50.230 regarding registration of deaths, AS 18.50.240 regarding fetal death registration, and regulations adopted by the Department of Health concerning prophylactic treatment of the eyes of newborn infants;

(4) not knowingly deliver a woman with certain types of health conditions, prior history, or complications as specified by the board.

Sec. 08.65.150. PROHIBITED PRACTICES. Except as provided in AS 08.65.170, a person who is not certified under this chapter as a direct-entry midwife may not practice midwifery for compensation.

Sec. 08.65.160. CERTIFICATION REQUIRED IF DESIGNATION USED. A person who is not certified under this chapter or whose certification is suspended or revoked, or whose certification has lapsed, who knowingly uses in connection with the person's name the words or letters "C.D.M.," "Certified Direct-Entry Midwife," or other letters, words, or insignia indicating or implying that the person is certified as a direct-entry midwife by this state or who in any way, orally or in writing, directly or by implication, knowingly holds out as being certified by the state as a direct-entry midwife in this state is guilty of a class B misdemeanor.

Sec. 08.65.170. EXCLUSIONS. This chapter does not apply to a person

(1) who is licensed as a physician in this state;

(2) who is licensed as a certified nurse midwife by the Board of Nursing in this state;

(3) *[Repealed, sec. 6 ch 99 SLA 2014.]*
(4) *[Repealed, sec. 6 ch 99 SLA 2014.]*

Sec. 08.65.180. RESPONSIBILITY FOR CARE. If a certified direct-entry midwife seeks to consult with or refer a patient to a licensed physician, the responsibility of the physician for the patient does not begin until the patient is physically within the physician's care.

Sec. 08.65.190. DEFINITIONS. In this chapter,
(1) "board" means the Board of Certified Direct-Entry Midwives;
(2) "department" means the Department of Commerce, Community, and Economic Development;
(3) "practice of midwifery" means providing necessary supervision, health care, preventative measures, and education to women during pregnancy, labor, and the postpartum period; conducting deliveries on the midwife's own responsibility; providing immediate postpartum care of the newborn infant, well-baby care for the infant through the age of four weeks, and preventative measures for the infant; identifying physical, social, and emotional needs of the newborn and the woman; arranging for consultation, referral, and continued involvement of the midwife on a collaborative basis when the care required extends beyond the scope of practice of the midwife; providing direct supervision of student and apprentice midwives; and executing emergency measures in the absence of medical assistance, as specified in regulations adopted by the board.

CHAPTER 14.
BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES.

Article

ARTICLE 1.
CERTIFICATION REQUIREMENTS.

Section

12 AAC 14.100. TRANSITIONAL CERTIFICATION. Repealed 1/1/2000.

12 AAC 14.110. CERTIFICATION BY EXAMINATION. (a) The board will issue a certificate as a direct-entry midwife to an applicant who meets the requirements of AS 08.65.050 and this section, and passes the examination required in 12 AAC 14.300.

(b) An applicant for certification shall

(1) submit documentation that the applicant is at least 18 years of age;

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

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

(4) submit verification of a high school education or its equivalent;

(5) submit copies verifying a current

(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); and

(C) certification in neonatal resuscitation from the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics;

(6) submit an affidavit signed by the applicant that verifies compliance with AS 08.65.050(3); and

(7) submit written evidence of satisfactory completion of the course of study requirements in 12 AAC 14.200 and supervised clinical experience requirements in 12 AAC 14.210; the combined length of study and experience must be at least one year.

(c) In order to be scheduled for review by the board at its next regularly scheduled meeting, a complete application for certification and all supporting documents, including the requirements of (b) of this section, must be received by the division's Juneau office before the board will review the application.

(d) The board will approve a program as a substitution for a program required under (b)(5) of this section, if the board determines that the substitute program is equivalent to the program required under (b)(5) of this section.

Authority: AS 08.65.030 AS 08.65.050

Editor's note: The division's Juneau office mailing address is State of Alaska, Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806, and its physical address is State Office Building, 9th Floor, 333 Willoughby Avenue, Juneau, Alaska.

12 AAC 14.120. CERTIFICATION BY CREDENTIALS. (a) The board may issue a certificate by credentials to practice as a direct-entry midwife to an applicant who meets the requirements of AS 08.65.070 and this section.

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

(1) a complete and notarized application on a form provided by the department;

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

(3) an authorization from the applicant for release of the applicant's records to the department, on a form provided by the department;

(4) copies verifying a current

(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); and

(C) certification in neonatal resuscitation from the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics;

(5) verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice midwifery; at least one verification must indicate a current license in good standing; the verifications must document that the applicant is not the subject of any unresolved complaints or any unresolved disciplinary actions and has never had a license to practice midwifery revoked;

(6) an affidavit signed by the applicant or by a state licensing agency verifying that the applicant completed a course of study and supervised clinical experience of at least one year's duration as required under AS 08.65.050;

(7) verification of passing the North American Registry of Midwives Examination (NARM) sent directly to the department from NARM;

(8) documentation of fulfillment of the continuing competency requirements in 12 AAC 14.420 – 12 AAC 14.430 during the two years immediately preceding the date of application;

(9) an affidavit from the applicant on a form provided by the department documenting that the applicant was the primary or assisting midwife for at least 10 births, five of which the applicant was the primary midwife, within the 24 months preceding the date of application; the affidavit must include the information required in 12 AAC 14.210(e)(1) – (8).

(c) In order to be scheduled for review by the board at its next regularly scheduled meeting, a complete application for certification and all supporting documents, including the requirements of (b) of this section, must be received by the division's Juneau office before the board will review the application.

(d) The board will approve a program as a substitution for a program required under (b)(4) of this section, if the board determines that the substitute program is equivalent to the program required under (b)(4) of this section.

(e) In addition to the requirements of this section, the board may request that the applicant be interviewed by the board, or provide additional information relating to the applicant's previous practice, including additional records and written explanations.

Authority: AS 08.65.030 AS 08.65.070

12 AAC 14.125. EMERGENCY COURTESY LICENSE. (a) In an urgent situation, the board may issue an emergency courtesy license to practice as a direct-entry midwife to an applicant who has a license in good standing to practice direct-entry midwifery in another jurisdiction with licensing requirements at least equivalent to those of this state, and who meets the requirements of this section. The board may limit the scope of a license issued under this section, as appropriate to respond to the urgent situation.

(b) An applicant for an emergency courtesy license under this section must submit to the department a completed application on a form provided by the department. A complete application includes

(1) the applicable application and licensing fees established in 12 AAC 02.145;

(2) verification of a current license in good standing to practice direct-entry midwifery in another state or other jurisdiction;

(3) certification that the applicant is not the subject of an unresolved complaint or disciplinary action before a regulatory authority in any jurisdiction;

(4) evidence satisfactory to the board that the applicant has not engaged in conduct that is ground for imposing disciplinary sanctions under AS 08.65.110;

(5) certification that the applicant has completed a course of study and supervised clinical experience of at least one year's duration, and has passed the national examination required of certified direct-entry midwives in this state.

(c) An emergency courtesy license issued under this section is valid for the period specified by the board and may not exceed 120 consecutive days.

(d) While practicing under an emergency courtesy license issued under this section, the holder of the license must comply with the standards of practice set out in AS 08.65 and this chapter and is subject to discipline for actions taken or omitted while practicing under the emergency courtesy license.

(e) The board may refuse to issue an emergency courtesy license for the same reasons that it may deny, suspend, or revoke a license under AS 08.65.110.

(f) In this section, "urgent situation" means a health crisis that requires increased availability of direct-entry midwives.

Authority: AS 08.01.062 AS 08.65.030 AS 08.65.050

12 AAC 14.130. REVIEW OF AN APPRENTICE DIRECT-ENTRY MIDWIFE PERMIT APPLICATION. (a) A person may not practice as an apprentice direct-entry midwife in this state unless that person has been issued a permit under this section.

(b) An applicant who meets the requirements on the checklist set out in (c) of this section has demonstrated the necessary qualifications for an apprentice direct-entry midwife permit. An applicant who does not meet the requirements on the checklist or whose application documents do not clearly show that the applicant is qualified to receive an apprentice direct-entry midwife permit will not be issued a permit unless the board further reviews the application and determines that the applicant meets the qualifications in AS 08.65 and this chapter for that permit.

(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

(1) submits a completed application on a form provided by the department, that includes the applicant's

(A) name, mailing address and telephone number;

(B) date of birth that shows the applicant is at least 18 years of age; and

(C) signed authorization for release of records;

(2) pays the application fee and the apprentice direct-entry midwife permit fee established in 12 AAC 02.145;

(3) certifies that the applicant has earned a high school diploma or its equivalent and provides the name of the issuing institution and the date the diploma or its equivalent was issued;

(4) submits an affidavit signed by the applicant that verifies compliance with AS 08.65.050(3);

(5) submits verification of acceptance into an apprenticeship program that the board has approved under 12 AAC 14.220; and

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

(d) As part of the verification of acceptance into an approved apprenticeship program, the applicant must provide written documentation of a relationship with an apprenticeship program preceptor.

(e) An apprentice direct-entry midwife shall submit written notice to the department not later than 30 days after any change to the relationship with the apprenticeship program preceptor.

(f) An apprentice direct-entry midwife permit may be renewed by meeting the requirements of 12 AAC 14.410.

(g) In this section, "apprenticeship program preceptor" means an individual who meets the supervisory requirements of AS 08.65.090(b), holds a license in good standing, and is registered as a preceptor with North American Registry of Midwives (NARM).

Authority: AS 08.65.030 AS 08.65.090

12 AAC 14.135. TEMPORARY MILITARY COURTESY CERTIFICATE OR PERMIT. (a) The board will issue a temporary military courtesy certificate or permit to an active duty military member or spouse of an active duty military member of the armed forces of the United States to practice as a direct-entry midwife or apprentice direct-entry midwife to an applicant who meets the requirements of AS 08.01.063 and this section not later than 30 days after the board receives a completed application.

(b) An applicant for a temporary military courtesy certificate or permit under this section

(1) must submit an application on a form provided by the department;

(2) must pay the temporary license application fee and fee for a temporary license set out under 12 AAC 02.105;

(3) must submit a copy of

(A) the applicant's current active duty military orders showing assignment to a duty station in this state; or

(B) if the applicant is the spouse of an active duty military member, the applicant's spouse's current active duty military orders showing assignment to a duty station in this state;

(4) must submit documentation showing the applicant is currently licensed, certified, or permitted, and in good standing in another licensing, certifying, or permitting jurisdiction and the applicant's license, certificate, or permit in the other jurisdiction is not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements;

(5) must demonstrate that the jurisdiction of current licensure or certification required the education in 12 AAC 14.200 as a condition of licensure or certification;

(6) must demonstrate that the jurisdiction of current licensure or certification required a passing score on the examination in AS 08.65.060, as a condition of licensure or certification; and

(7) may not have been convicted of a crime that affects the applicant's ability to practice as a direct-entry midwife competently and safely, as determined by the board.

(c) A temporary military courtesy certificate or permit issued to an active duty military member or spouse of an active duty military member under this section will be issued for a period of 180 days and may be renewed for one additional 180-day period, at the discretion of the board.

(d) While practicing under a temporary military courtesy certificate or permit issued under this section, the holder of the temporary military courtesy certificate or permit must comply with the standards of practice set out in AS 08.65 and this chapter.

(e) The board may refuse to issue a temporary military courtesy certificate or permit for the same reasons that it may deny, suspend, or revoke a certificate or permit under AS 08.65.110 and 08.65.120.

Authority: AS 08.01.062 AS 08.01.063 AS 08.65.030

12 AAC 14.140. APPLICATION MADE UNDER OATH OR AFFIRMATION; DISCIPLINARY SANCTIONS. The applicant must sign the application and swear to or affirm the truth of its contents. False or misleading statements or information on the application, whether or not made knowingly, are grounds for denial of approval to take an examination under AS 08.65 or for disciplinary sanctions under AS 08.65.120.

Authority: AS 08.65.030 AS 08.65.110 AS 08.65.120
AS 08.65.050

12 AAC 14.150. SCOPE OF PRACTICE. Repealed 2/22/2023.

ARTICLE 2.
EDUCATION AND EXPERIENCE.

Section
- **200. Course of study requirements**
- **210. Supervised clinical experience requirements**
- **220. Apprenticeship programs**

12 AAC 14.200. COURSE OF STUDY REQUIREMENTS. (a) On or after 2/22/2023, 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 Midwifery Education Accreditation Council (MEAC)-accredited institution or from a midwifery school or program where the applicant completed the course of study.

Authority: AS 08.65.030 AS 08.65.050

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, is registered as a preceptor with North American Registry of Midwives (NARM), and

(1) meets the qualifications of AS 08.65.090(b); or

(2) is a midwife who has been licensed in another state or country and practicing midwifery for at least the two years immediately preceding the date that the supervision began, and as determined by the board, the state or country in which the midwife has been licensed had licensing requirements substantially equivalent in scope, quality, and difficulty to those of this state at the time of licensure; or

(3) repealed 2/22/2023;

(4) repealed 2/22/2023;

(5) has met the requirements of AS 08.65.050(3) and (4); the supervised clinical experience must have met the requirements of this section.

(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 labor and deliveries of the newborn and placenta;

(5) 40 newborn examinations; and

(6) 50 postpartum examinations of the mother.

(c) As part of the supervised clinical experiences required in (b) of this section, an applicant must have provided continuous care to at least 15 clients. "Continuous care" means, for the same client, the applicant

(1) performed at least six prenatal visits;

(2) observed, assisted with, or had primary responsibility for labor and delivery of the newborn and placenta;

(3) performed a newborn examination; and

(4) performed a postpartum examination of the mother.

(d) An applicant must have completed at least 10 of the supervised clinical experiences required in (b)(3) and (4) of this section, in any combination, within the two years immediately preceding the date of application.

(e) On a form provided by the department, an applicant shall document the applicant's clinical experience, including the following information, if applicable:

(1) the date of birth;

(2) the location of birth;

(3) the infant's gender;

(4) the infant's weight;

(5) the name of the person who managed the labor;

(6) the name of the person who delivered the newborn and placenta;

(7) any complication and its outcome;
(8) a detailed explanation of any situation that required emergency transport; and
(9) the signature of the applicant's preceptor verifying that the experience was supervised and that the care provided was within the scope of AS 08.65 and this chapter.

(f) An applicant's preceptor shall test the applicant and keep a record of the applicant's performance of practical skills on the form titled *Practical Skills List for Alaska Certified Direct-Entry Midwives*, dated January 2003, adapted from the copyrighted 2002 version of the North American Registry of Midwives and used by permission, and adopted by reference. This form is provided by the department and is established by the board for use by a preceptor to document an applicant's completion of the practical skills required by the board. The requirements of this subsection do not apply to an applicant who has graduated from a school of midwifery preapproved or accredited by the Midwifery Education Accreditation Council (MEAC).

Authority: AS 08.65.030 AS 08.65.050

Editor's note: Copies of the Practical Skills List for Alaska Certified Direct-Entry Midwives adopted by reference in 12 AAC 14.210(f) may be obtained from the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, Board of Certified Direct-Entry Midwives, P.O. Box 110806, Juneau, AK 99811-0806; Phone: (907) 465-2580.

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12 AAC 14.220. APPRENTICESHIP PROGRAMS. (a) To be approved by the board, an apprenticeship program must
(1) be for a duration of at least one year;
(2) be conducted under the supervision of an apprenticeship program preceptor; and
(3) provide a training program for the apprentice that meets the course of study and supervised clinical experience requirements of 12 AAC 14.200 and 12 AAC 14.210.

(b) For purposes of this section, an apprenticeship program preceptor means an individual who meets the supervisory requirements of AS 08.65.090(b) and is registered as a preceptor with North American Registry of Midwives (NARM).

Authority: AS 08.65.030 AS 08.65.090

ARTICLE 3.
EXAMINATION.

Section
300. Examination

12 AAC 14.300. EXAMINATION. (a) The examination required for certification as a direct-entry midwife is the national examination prepared and graded by the North American Registry of Midwives. The national examination required under this subsection for certification is
(1) any version of the national examination administered before February 18, 1994, if the applicant passed the examination before February 18, 1994; or
(2) any version of the national examination, revised on or after December 28, 1993.

(b) An applicant for certification as a direct-entry midwife must submit a certified true copy of the results of the national examination specified in (a) of this section showing that the applicant has received a passing score on the national examination.

(c) In order to be scheduled for an examination, the following items must be received by the division's Juneau office from the applicant:
(1) a complete, notarized application on a form provided by the department;
(2) the fees established under 12 AAC 02.145;
(3) copies of certification current at the time of application 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;
(4) an authorization from the applicant for release of the applicant's records to the department, on a form provided by the department; and
(5) a notarized academic program completion certification form, provided by the department, signed by the applicant's primary preceptor.

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, Internet address: www.narm.org, e-mail: info@narm.org, telephone: (888) 843-4784. Information

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

ARTICLE 4.
RENEWAL AND CONTINUING COMPETENCY REQUIREMENTS.

Section

12 AAC 14.400. CERTIFICATION RENEWAL REQUIREMENTS. (a) A certificate as a direct-entry midwife expires on March 31 of odd 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

(A) verifying a current

(i) certification in the Basic Life Support for Health Care Providers Program (BLS); and

(ii) certification in the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics; and

(B) verifying a current certified professional midwife certification in good standing from the North American Registry of Midwives (NARM); and

(5) demonstrate continued practical professional competency by verifying

(A) fulfillment of the continuing competency requirements in 12 AAC 14.420 – 12 AAC 14.445; and

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

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.410. APPRENTICE PERMIT RENEWAL REQUIREMENTS. (a) An apprentice direct-entry midwife permit is valid for two years from the date of issue.

(b) An individual applying for renewal of an apprentice direct-entry midwife permit shall

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

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

(3) document continued qualification under 12 AAC 14.130.

Authority: AS 08.65.030 AS 08.65.090

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).

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.430. APPROVED CONTINUING EDUCATION PROGRAMS. Repealed 2/22/2023.

12 AAC 14.440. CONTINUING PROFESSIONAL PRACTICE REQUIREMENTS. 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.

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.445. PEER REVIEW. (a) A certified direct-entry midwife shall participate in not less than four hours of peer review during each certification period.

(b) During each certification period, a certified direct-entry midwife

(1) who was primarily responsible for a patient's care during that certification period shall, in accordance with (e) of this section, submit for peer review the records maintained under 12 AAC 14.540 for at least one case in which that midwife was primarily responsible; or

(2) who was not primarily responsible for any patient's care during that certification period shall, in accordance with (e) of this section, submit for peer review the records maintained under 12 AAC 14.540 for at least one case in which that midwife was involved.

(c) A certified direct-entry midwife submitting records under (b) of this section shall ensure that those records are kept confidential as required by state and federal law and, if records are submitted electronically, shall ensure that an electronic submission has sufficient security to maintain the confidentiality of the records submitted.

(d) A peer review participant receiving records submitted by a certified direct-entry midwife under (b) of this section shall ensure that the records received are kept confidential as required by state and federal law.

(e) A certified direct-entry midwife must submit the applicable records described under (b) of this section to no fewer than two professionals licensed in this state, at least one of whom must be a certified direct-entry midwife from a practice other than that of the certified direct-entry midwife submitting for peer review, and the other of whom must be a

(1) certified direct-entry midwife from a practice other than that of the certified direct-entry midwife submitting for peer review;

(2) registered nurse;

(3) advanced practice registered nurse; or

(4) physician.

(f) Results or recommendations made by a peer review participant to the board in connection with a case submitted for peer review under this section are not binding on the board.

(g) A certified direct-entry midwife is responsible for maintaining adequate and detailed records of peer review participation performed under (a) of this section and of a case submitted under (b) of this section and shall make the records available to the board upon request.

(h) Failure to comply with the requirements of this section is grounds for disciplinary sanction under AS 08.65.110.

(i) In this section, "peer review" means the review of a case submitted by a certified direct-entry midwife under (b) of this section by the peer review participants described under (e) of this section where each peer review participant and the certified direct-entry midwife submitting for peer review are able to communicate synchronously in real time.

Authority: AS 08.65.030 AS 08.65.110 AS 08.65.140

12 AAC 14.450. CONTINUING COMPETENCY REQUIREMENTS FOR FIRST TIME CERTIFICATE RENEWALS. Repealed 2/22/2023.

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 at the time the certificate holder applies for renewal.

(b) The board may require an applicant for renewal to submit additional evidence of compliance with the requirements of 12 AAC 14.420 – 12 AAC 14.445. The certificate holder shall maintain evidence of compliance with the requirements of 12 AAC 14.420 – 12 AAC 14.445 for three years.

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.470. REINSTATEMENT OF A LAPSED CERTIFICATE. (a) The board will, in its discretion, reinstate a certificate that has been lapsed less than two years if the applicant

(1) repealed 3/2/2011;

(2) complies with the certificate renewal requirements in 12 AAC 14.400(b).

(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

(1) repealed 12/17/97;

(2) pays the renewal fee required in 12 AAC 02.145 for the current renewal period;

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

(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) the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics;

(5) documents completion of the continuing education requirements in 12 AAC 14.420 for the entire period since the certificate lapsed;

(6) documents completion of

(A) the continuing professional practice requirements in 12 AAC 14.440 for the entire period since the certificate lapsed; or

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(B) at least 10 preceptor-supervised deliveries in the year immediately preceding the application for reinstatement in which the applicant was the primary or assisting midwife; in at least five of the supervised deliveries, the applicant must have been the primary midwife;

(7) submits verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice midwifery; the verification must document that the applicant is not the subject of any unresolved complaints or any unresolved disciplinary actions and has never had a license to practice midwifery revoked.

(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.

Authority: AS 08.01.100 AS 08.65.030 AS 08.65.080

ARTICLE 5.
DUTIES AND RESPONSIBILITIES.

Section

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 not later than 10 days after the first prenatal visit, order a serological test for syphilis;

(4) provide each client with contact information for 24-hour on-call availability by a certified direct-entry midwife throughout pregnancy, the intrapartum period, and the postpartum period;

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

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

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

(8) inspect the placenta and membranes for completeness;

(9) inspect the perineum and vagina postpartum for lacerations and stabilize or repair, as appropriate;

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

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

(12) reevaluate maternal and newborn wellbeing not later than 36 hours after delivery;

(13) use universal precautions with all biohazard materials;

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

(15) ensure the newborn is tested for phenylketonuria (PKU);

(16) offer to one or both parents to obtain and submit a blood sample in accordance with the recommendations for metabolic screening of the newborn;

(17) offer to one or both parents an injection of vitamin K for the newborn in accordance with the indication, dose, and administration route set forth in 12 AAC 14.570;

(18) not later than one week after delivery, refer the parents to a facility with a newborn hearing screening program;

(19) not later than two hours after the birth, offer to one or both parents the administration of antibiotic ointment into the eyes of the newborn, in accordance with state law on the prevention of infant blindness;

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

(21) maintain adequate antenatal and perinatal records of each client and provide records to any consulting licensed physician and advanced practice registered nurse in accordance with regulations under P.L. 104-191 (Health Insurance Portability and Accountability Act of 1996 (HIPAA)).

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(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 home-birth.

(c) A certified direct-entry midwife shall make a home visit to the client before delivery to assess the physical environment, to determine whether the home-birth client has the necessary supplies, to prepare the client for the birth, and to instruct the family in correction of problems or deficiencies.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.510. CONSULTATION AND REFERRAL. (a) A certified direct-entry midwife shall consult with a licensed physician or advanced practice registered nurse 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 advanced practice registered nurse until resolution of the cause of the deviation.

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

(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 before the 37th week of 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 that may have a detrimental effect on the 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, 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 before 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 before 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) physician consultation or transfer desired by the client or certified direct-entry midwife;

(3) postpartum

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

(B) signs or symptoms of maternal shock;

(C) febrile symptoms or fever 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 advanced practice registered nurse with regard to any neonate who is born with or develops

(1) an 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.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.520. TRANSFER. (a) Transport of a client by means of a private vehicle is an acceptable method of transport if it is the most expedient and safest method for accessing medical services. When transferring a client, 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; and
(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 out 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) delivery occurs during transport.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.530. PROHIBITED PRACTICES. A certified direct-entry midwife may 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 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 and 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.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

Editor's notes: The metabolic blood disorder kits may be obtained from the Department of Health, division of public health, section of women's, children's and family health, 3601 C Street, Suite 322, Anchorage, Alaska 99503-5923.

12 AAC 14.540. RECORDS AND REPORTS. (a) A certified direct-entry midwife shall maintain records of each client on standard obstetric forms.

(b) A certified direct-entry midwife shall maintain records of the recommended medical visit, all prenatal visits, the charting of labor and delivery, the summary of birth, and the charting of the newborn examination and postpartum visits.

(c) A certified direct-entry midwife shall maintain birth records of an infant until at least two years after the infant has reached the age of 19 years. Prenatal and infant records must be maintained for at least seven years from the date of the birth.

(d) A certified direct-entry midwife shall provide copies of pertinent records to medical personnel when the client or infant is referred for medical care or transported for emergency care.

(e) All records maintained by the certified direct-entry midwife are subject to review by the board.

(f) Not later than 14 days after the delivery or transfer of care of a client for whom a certified direct-entry midwife had primary responsibility, the certified direct-entry midwife shall report to the board on a form provided by the department if that client died.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.550. MEDICAL BACK-UP ARRANGEMENTS. (a) A certified direct-entry midwife shall have written back-up arrangements that must include procedures concerning

(1) alternate midwife assistance for clients in the certified direct-entry midwife's absence; and

(2) abnormal conditions and medically indicated maternal or infant consultations;

(3) repealed 3/2/2011.

(b) A certified direct-entry midwife shall present the written back-up arrangements to the board upon request.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.560. PERMITTED PRACTICES. (a) The following practices may be performed by a certified direct-entry midwife who, in accordance with (c) of this section, 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 to the certified direct-entry midwife by the board.

Authority: AS 08.65.030

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:

(1) xylocaine hydrochloride, one or two percent, administered by infiltration, for the postpartum repair of tears, lacerations, and episiotomy;
(2) cetacaine, applied topically, for the postpartum repair of tears, lacerations, and episiotomy;
(3) vitamin K, administered by intramuscular injection, for the prevention of acute and late onset hemorrhagic disease of the infant;
(4) Rh immune globulin, administered by intramuscular injection, for an unsensitized client with Rh negative type blood to prevent Rh disease;
(5) eye prophylaxis as required by 7 AAC 27.111;
(6) oxytocin, administered by intramuscular injection or intravenously after delivery of the neonate, for the prevention or treatment of postpartum hemorrhage;
(7) medications for the control and treatment of postpartum hemorrhage, including uterotonic agents, oxytocin, methylergonovine, carboprost tromethamine, tranexamic acid, and misoprostol;
(8) lactated ringers, plain or with dextrose five percent, or normal saline, up to 2,000 milliliters administered intravenously to a client who would benefit from hydration;
(9) antibiotic intravenous therapy treatment for Group B *Streptococci* in accordance with the United States Department of Health and Human Services, Centers for Disease Control and Prevention's *Prevention of Perinatal Group B Streptococcal Disease: Revised Guidelines from CDC*, revised as of August 16, 2002 and adopted by reference, except that vancomycin may not be administered;
(10) epinephrine for allergic reaction or anaphylactic shock;
(11) diphenhydramine administered by intramuscular injection or intravenously for allergic reaction or anaphylactic shock;
(12) an anti-diarrheal agent, including loperamide or diphenoxylate/atropine.

Authority: AS 08.65.030 AS 08.65.190

12 AAC 14.580. WITHDRAWAL FROM SERVICE. (a) A certified direct-entry midwife may withdraw from responsibility for a client during the prenatal period if, for any reason, the midwife does not feel comfortable continuing as the client's midwife. The decision to withdraw may take into account

(1) the client's failure to consult a physician when recommended to do so by the certified direct-entry midwife;
(2) the client's failure or refusal to follow recommendations;
(3) personality incompatibilities; or
(4) any other factor that the certified direct-entry midwife believes may create an unwarranted risk to the client, fetus, or infant, or may interfere with the certified direct-entry midwife's ability to care responsibly for the client, fetus, or infant.

(b) If the certified direct-entry midwife withdraws, the midwife shall immediately notify the client in writing and shall cooperate with the client in finding alternative care.

(c) After the onset of labor, a certified direct-entry midwife may withdraw only if the midwife believes that the midwife is unable to competently care for the client, fetus, or infant. The certified direct-entry midwife shall arrange for transfer of the client to medical care. If the client refuses to accept transfer to medical care, the certified direct-entry midwife shall document the relevant events and shall stay with the client until attended by hospital or emergency medical personnel.

Authority: AS 08.65.030

ARTICLE 6.
EMERGENCY MEASURES.

Section
- **600. Emergency practices**
- **610. Emergency transport plan**
- **620. Emergency defined**

12 AAC 14.600. EMERGENCY PRACTICES. In addition to the practices permitted in 12 AAC 14.560, in an emergency a certified direct-entry midwife who has documented training and skills demonstrating competence as set out in 12 AAC 14.560 may attend or deliver a woman whose condition is outside the scope of practice under 12 AAC 14.500.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.610. EMERGENCY TRANSPORT PLAN. (a) A certified direct-entry midwife shall present a copy of the midwife's emergency transport plan to each client before the onset of labor.

(b) The emergency transport plan must be signed by the client and include

(1) written permission to release the client's records to a physician in an emergency; and

(2) a statement that costs will be incurred for emergency transportation and an agreement as to who is responsible for the costs.

(c) The certified direct-entry midwife shall include the signed emergency transport plan in the client's records.

Authority: AS 08.65.030 AS 08.65.190

12 AAC 14.620. EMERGENCY DEFINED. In this chapter and in AS 08.65, "emergency" means a situation that presents an immediate hazard to the health and safety of the client.

Authority: AS 08.65.030 AS 08.65.190

ARTICLE 7.
GENERAL PROVISIONS.

Section
- **900. (Repealed)**
- **910. Code of ethics**
- **990. Definitions**

12 AAC 14.900. PEER REVIEW. Repealed 1/22/2023.

12 AAC 14.910. CODE OF ETHICS. A certified direct-entry midwife shall adhere to the following materials adopted by reference as a code of ethics for certified direct-entry midwives in this state:

(1) *Alaska Board of Certified Direct-Entry Midwives Code of Ethics*, adopted April 26, 1994;

(2) the Midwives Alliance North America (MANA) *Statement of Values and Ethics*, revised and approved August 2010.

Authority: AS 08.65.030 AS 08.65.110 AS 08.65.140

Editor's note: A copy of the *Alaska Board of Certified Direct-Entry Midwives Code of Ethics* may be obtained from the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, Board of Certified Direct-Entry Midwives, State Office Building, 9th Floor, 333 Willoughby Avenue, Juneau, AK 99801; telephone (907) 465-2550; website at https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/Midwives.aspx. A copy of the Midwives Alliance North America (MANA) *Statement of Values and Ethics*, revised and approved August 2010, adopted by

reference in 12 AAC 14.910, may be obtained from the Midwives Alliance of North America, P.O. Box 373, Montvale, NJ 07645 or on the Midwives Alliance North America website at https://mana.org/sites/default/files/pdfs/MANAStatementValuesEthicsColor.pdf.

12 AAC 14.990. DEFINITIONS. In this chapter, unless the context requires otherwise,

(1) "board" means the Board of Certified Direct-Entry Midwives;

(2) "client" means a pregnant woman, postpartum woman up to six weeks, fetus, or newborn, as appropriate;

(3) "department" means the Department of Commerce, Community, and Economic Development;

(4) "preceptor" means a person qualified under AS 08.65.090(b) or 12 AAC 14.210(a) who supervises a person training to be a direct-entry midwife or supervises a lapsed certificate holder in the process of reinstatement under 12 AAC 14.470(b)(6)(B);

(5) "supervision" means the direct observation and evaluation by the preceptor of the clinical experiences and technical skills of the apprentice direct-entry midwife or other supervised person while present with the supervised person in the same room;

(6) "division" means the division of corporations, business and professional licensing.

Authority: AS 08.65.030 AS 08.65.090

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APPENDIX

ALASKA BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES CODE OF ETHICS

On April 26, 1994 the Board of Certified Direct-Entry Midwives adopted the following code of ethics:

1. The principle objective of the midwifery profession is to render service to humanity with full respect for the dignity of the human race. Midwives should merit the confidence of patients entrusted to their care, rendering to each a full measure of services and devotion. I

2. Midwives should strive continually to improve medical knowledge and skill, and should make available to their clients and colleagues the benefits of their professional attainments. II

3. A midwife should practice a method of maternal care utilizing accreditable research as a criteria for care, and promote such research. II

4. The midwifery profession should safeguard the public and itself against midwives deficient in moral character or professional competence. Midwives should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession. IIII

5. A midwife may choose whom she will serve. In a life-threatening emergency, however, she should render service to the best of her ability. Having undertaken the care of a client, she may not neglect her; and, unless she has been discharged, she may discontinue services only after giving adequate notice. III

6. A midwife should not dispense her services under terms or conditions which tend to interfere with or impair her midwifery judgement and skill or tend to cause a deterioration of the quality of midwifery care. I

7. A midwife should seek consultation and/or referral upon request; in doubtful or difficult cases; or whenever it appears that the quality of health care would be enhanced thereby. III

8 A midwife may not reveal the confidences entrusted to her in the course of midwifery attendance, or the deficiencies she may observe in the character of patients, unless she is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community. I

9. The honored ideals of the midwifery profession imply that the responsibilities of the midwife extend not only to the individual, but also to society where these responsibilities deserve her interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community. II

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Statement of Values and Ethics

Revised and approved August, 2010

Midwives Alliance® NORTH AMERICA

Statement of Values

The Statement of Values and Ethics of the Midwives Alliance of North America (MANA) is a critical reflection of moral issues as they pertain to maternal and child health. It is intended to provide guidance for professional conduct in the practice of midwifery, as well as influence MANA's organizational policies, thereby promoting high-quality care for childbearing families.

Since what we value infuses and informs our ethical decisions and actions, the Midwives Alliance of North America affirms:

I. Woman As a Unique Individual:

A. We value each woman as a strong, creative, unique individual with life-giving powers.
B. We value each woman's right to a supportive caregiver appropriate to her needs and respectful of her belief system.
C. We value a woman's right to access resources in order to achieve health, happiness and personal growth according to her needs, perceptions and goals.
D. We value a woman as autonomous and competent to make decisions regarding all aspects of her life.
E. We value the empowerment of a woman during the processes of pregnancy, birth, breastfeeding, mother–infant attachment and parenting.

II. Mother and Baby as Whole:

A. We value the mother and her baby as an inseparable and interdependent whole and acknowledge that each woman and baby have parameters of well-being unique to themselves.
B. We value the physical, psychosocial and spiritual health, well-being and safety of every mother and baby.
C. We value the mother as the direct care provider for her unborn child.
D. We value the process of labor and birth as a rite of passage with mother and baby as equal participants.
E. We value the sentient and sensitive nature of the newborn and affirm every baby's right to a caring and loving birth without separation from mother and family.
F. We value breastfeeding as the ideal way to nourish and nurture the newborn.

III. The Nature of Birth:

A. We value the essential mystery of birth.
B. We value pregnancy and birth as natural, physiologic and holistic processes that technology will never supplant.
C. We value the integrity of a woman's body, the inherent rhythm of each woman's labor and the right of each mother and baby to be supported in their efforts to achieve a natural, spontaneous vaginal birth.
D. We value birth as a personal, intimate, internal, sexual and social experience to be shared in the environment and with the attendants a woman chooses.
E. We value the right of a woman and her partner to determine the most healing course of action when difficult situations arise.
F. We value the art of letting go and acknowledge death and loss as possible outcomes of pregnancy and birth.

IV. The Art of Midwifery:

A. We value our right to practice the art of midwifery, an ancient vocation of women.
B. We value multiple routes of midwifery education and the essential importance of apprenticeship training.
C. We value the wisdom of midwifery, an expertise that incorporates theoretical and embodied knowledge, clinical skills, deep listening, intuitive judgment, spiritual awareness and personal experience.
D. We value the art of nurturing the inherent normalcy of pregnancy and birth as expressions of wellness in a healthy woman.
E. We value continuity of care throughout the childbearing year.

F. We value birth with a midwife in any setting that a woman chooses.
G. We value homebirth with a midwife as a wise and safe choice for healthy families.
H. We value caring for a woman to the best of our ability without prejudice with regards to age, race, ethnicity, religion, education, culture, sexual orientation, gender identification, physical abilities or socioeconomic background.
I. We value the art of empowering women, supporting each to birth unhindered and confident in her natural abilities.
J. We value the acquisition and use of skills that identify and guide a complicated pregnancy or birth to move toward greater well-being and be brought to the most healing conclusion possible.
K. We value standing up for what we believe in the face of social pressure and political oppression.

V. Woman as Mother:

A. We value a mother's intuitive knowledge and innate ability to nurture herself, her unborn baby and her newborn baby.
B. We value the power and beauty of a woman's body as it grows in pregnancy and a woman's strength in labor and birth.
C. We value pregnancy and birth as processes that have lifelong impact on a woman's self-esteem, her health, her ability to nurture and her personal growth.
D. We value the capacity of partners, family and community to support a woman in all aspects of pregnancy, birth and mothering and to provide a safe environment for mother and baby.

VI. The Nature of Relationship:

A. We value an egalitarian relationship between a woman and her midwife.
B. We value the quality, integrity and uniqueness of our interactions, which inform our choices and decisions.
C. We value mutual trust, honesty and respect.
D. We value a woman's right to privacy, and we honor the confidentiality of all personal interactions and health records.
E. We value direct access to information that is readily understood by all.
F. We value personal responsibility and the right of a woman to make decisions regarding what she deems best for herself, her baby and her family, using both informed consent and informed refusal.
G. We value our relationship to a process that is larger than ourselves, recognizing that birth is something we can seek to learn from and to know, but cannot control.
H. We value humility and the recognition of our own limitations.
I. We value sharing information and understanding about birth experiences, skills and knowledge.
J. We value a supportive midwifery community as an essential place of learning.
K. We value diversity among midwives that broadens our collective resources and challenges us to work toward greater understanding.
L. We value collaboration between a midwife and other health-care practitioners as essential to providing a family with resources to make responsible and informed choices.
M. We value the right and responsibility of both a midwife and a woman to discontinue care when insurmountable obstacles develop that compromise communication, mutual trust or joint decision making.
N. We value the responsibility of a midwife to consult with other health-care practitioners when appropriate and refer or transfer care when necessary.

VII. Cultural Sensitivity, Competency and Humility

A. We value cultural sensitivity, competency and humility as critical skills for the midwife to master in an increasingly multicultural society.
B. We value cultural sensitivity—a midwife's awareness of and ability to honor differences between people and the cultural values of the women she serves.
C. We value the importance of cultural competency in addressing the social and economic barriers to access to care for vulnerable, underserved and marginalized women, thereby improving maternal and infant health and the well-being of families.
D. We value cultural humility as a lifelong process of self-reflection and self-critique in order to develop a respectful partnership with each woman.*

*Section VII is derived from Melanie Tervalon and Jann Murray-Garcia, "Cultural Humility versus Cultural Competency: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education," Journal of Health Care for the Poor and Underserved 9 (May 1998): 117–25.

Statement of Ethics

Our values inform and inspire midwifery practice in our hearts and minds. Acting ethically is an expression of our values within the context of our individual, geographic, religious, cultural, ethnic, political, educational and personal backgrounds and in our relationships with others. As we seek to respond in the moment to each situation we face, we call upon ethical principles of human interaction as follows:

- Beneficence—to act so as to benefit others
- Nonmaleficence—to avoid causing harm
- Confidentiality—to honor others' privacy and keep personal interactions confidential
- Justice—to treat people respectfully and equitably
- Autonomy—to respect an individual's rights to self-determination and freedom to make decisions that affect his or her life.

The equality and mutuality of the relationship between midwife and client create a foundation uniquely suited to integrate these principles. As midwives, we seek to benefit women and babies in our care. Mutual trust and respect are critical to the success of a relationship that requires joint decision making at every level. Moral integrity, truthfulness and adequate information enable all participants to judge together the best course of action in varied situations.

Judgments are fundamentally based on awareness and understanding of ourselves and others. They grow out of our own sense of moral integrity, which is born within the heart of each individual. Becoming self-aware and increasing understanding are ongoing processes that must be nurtured as a function of personal and professional growth. MANA's affirmation of individual moral integrity and recognition of the complexity of life events bring us to an understanding that there cannot possibly be one right answer for all situations. Since the outcome of pregnancy is ultimately unknown and is always unknowable, it is inevitable that in certain circumstances our best decisions in the moment will lead to consequences we could not foresee.

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We recognize the limitations of traditional codes of ethics that present a list of rules to be followed. Therefore, a midwife must develop a moral compass to guide practice in diverse situations that arise from the uniqueness of pregnancy and birth as well as the relationship between midwives and birthing women. This approach affirms the mystery and potential for transformation present in every experience and fosters truly diverse practice. Midwifery care is woman-led care with informed choice and a clear set of values at its core. Decision making is a shared responsibility with the goals of healthy women and babies and of gentle, empowering births with a focus on individual and family needs and concerns. Ultimately, it is at the heart of midwifery practice to honor and respect the decisions women make about their pregnancies and births based on their knowledge and belief about what is best for themselves and their babies.

There are both individual and social implications to any decision-making process. Our decisions may be impacted by the oppressive rules and practices of a society that is often hostile to homebirth, midwives and midwifery clients. Our actual choices may be limited by the medical, legal, political, economic, cultural or social climate in which we function. The more our values conflict with those of the dominant culture, the greater the threat to the integrity of our own values, and the greater the risk that our actions may lead to professional repercussions or legal reprisal. In such conditions we may be unable to make peace with any course of action or may feel conflicted about a choice already made. The community of women, both midwives and those we serve, may provide a fruitful resource for continued moral support and guidance.

In summary, acting ethically requires us to define our values, respond to the communities of families, midwives and cultures in which we find ourselves, act in accord with our values to the best of our ability as the situation demands, and engage in ongoing self-examination, evaluation, peer review and professional growth. By carefully describing the multifaceted aspects of what we value and defining the elements of moral integrity and decision making, we have created a framework for ethical behavior in midwifery practice. We welcome an open and ongoing articulation of values and ethics and the evolution of this document.

Instructions for Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201a, page 1 of 2

Applicant's Name: _____ Last four digits of Social Security #: _____

The heart of midwifery is respect for the natural physiological process of birth. Verification of midwifery skills is required during the apprentice's education. The Registered Preceptor signature verifies not only that the applicant has competently performed the skill but has also demonstrated a competent understanding of all didactic components related to the skill, including definitions, normal and abnormal signs and symptoms, differential diagnosis for risk assessment, follow-up, and referral or transport when appropriate.

NARM recognizes that the Midwives Model of Care precludes performance of unnecessary interventions on mothers and/or babies for the purpose of training. All skills performed as a regular part of midwifery care should be demonstrated in a clinical setting with actual clients. Skills that may not occur during the course of an average apprenticeship (such as breech birth, manual removal of a placenta, identifying a tubal pregnancy, or other emergency skills) may be verified based on discussion, interaction, demonstration, and simulation to fulfill the Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice requirement.

The NARM list of knowledge, skills, and abilities represents the curriculum for the student seeking the CPM credential, whether that education is obtained through a school, a study group, or one-on-one training with a preceptor. Each topic has a demonstration component which must be performed in a clinical setting and a knowledge component which may be verified in a clinical or non-clinical setting. Both the knowledge and demonstration components must be verified by a Registered Preceptor, but all components do not have to be verified by the same preceptor. Skills listed with an asterisk (*) may be verified through simulation. All other skills must be demonstrated during actual clinical practice.

The performance of the skill in a clinical setting implies a thorough understanding of the didactic component, or the knowledge base behind the skill. Verification of competency includes the evaluation of knowledge inherent through performance of the skill. For example, in verifying the skill of taking a blood pressure, the preceptor must assess all of the following:

- The skill set:
  - placing the cuff and stethoscope correctly
  - following an appropriate procedure in pumping and releasing the cuff
  - obtaining an accurate reading
  - charting the results
  - explaining/communicating to client
- The knowledge base:
  - What is measured when taking the blood pressure?
  - What is the range of normal readings?
  - What causes false high or low readings?
  - What causes significant high or low readings?
  - What can be done to bring borderline readings into a normal range?
  - When is referral an appropriate response?

The knowledge base and skill set may be verified by different preceptors, but the preceptor verifying the skill set must assess the integration of the knowledge base and the skill set in order to sign the verification of clinical performance. The Comprehensive Knowledge, Skills, and Abilities list includes columns for verifying the acquisition of knowledge and for the performance of the skill in a clinical setting. The clinical preceptor must date and initial all performance skills. **Boxes containing an asterisk (*) are skills that are unlikely to be performed in a clinical setting during training but are necessary skills for complete training. The preceptor may assess performance based on simulation.**

Instructions for Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201a, page 2 of 2

The knowledge component may be verified outside of a clinical setting and may be verified by the clinical preceptor or an academic preceptor. The knowledge column must also be dated and initialed by a Registered Preceptor. All preceptors who sign any part of the application must meet the NARM definition of a preceptor. Verification of the knowledge base must include an individual assessment between the student and preceptor and may be based on discussion, simulation, and role-playing. The knowledge base may not be verified based on lecture or workshop attendance unless a complete dialogue and assessment occur. The preceptor, by signature, is taking personal responsibility for verifying the student's acquisition of knowledge and not just exposure to the information. Regardless of the how the didactic education is obtained, the clinical preceptor has the most important role in verifying competency by evaluating the application of knowledge in a clinical setting.

Important Notes

- ✓ Each skill on form 201a must include an educational component and a performance component. Registered Preceptors must initial both boxes, though the same preceptor does not need to initial all components. The preceptor verifying the knowledge base of the skill must initial and date under the "knowledge" column. The preceptor verifying the performance of the skill (which includes the application of knowledge) must initial and date under the "skill" column.
- ✓ Sign and notarize the affirmation at the end of the Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201a.
- ✓ Each preceptor who has initialed a skill must complete and have notarized a copy of Preceptor Verification Form 202.

Skills Verification Form 201a, page 1 of 38

Applicant's Name: _____ Last four digits Social Security #: _____

For Entry Level PEP, please submit this form with Phase 3.

I. Professional Issues, Knowledge, and Skills	Knowledge Initial/Date	Skill Initial/Date
A. Applies understanding of social determinants of health (income, literacy, education, sanitation, housing, environmental hazards, food security, common threats to health)		
B. Applies understanding of direct and indirect causes of maternal and neonatal mortality and morbidity		
C. Understands principles of research, evidence-based practice, critical interpretation of professional literature, and interpretation of vital statistics and research findings		
D. Provides information on national and local health services, such as social services, WIC, breastfeeding, substance abuse, mental health, and bereavement		
E. Educates about resources for referral to higher health facility levels, appropriate communication and transport mechanisms, prepared for emergencies		
F. Knows legal and regulatory framework governing reproductive health for women, including laws, policies, protocols, and professional guidelines		
G. Applies understanding of human rights and their effects on the health of individuals, including:		
1. domestic partner violence		
2. female genital cutting		
3. cultural effect of religious beliefs		
4. gender roles		
5. other cultural health practices		
H. Facilitates mother's decision of where to give birth by discussing:		
1. advantages and risks of different birth sites		
2. requirements of the birth site		
3. how to prepare and equip the birth site		
I. Participates in peer review for maternal and neonatal mortality or morbidity		
1. understands the purpose of peer review		

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
2. understands the process of participating in peer review		
J. Understands the application of professional ethics, values, and human rights		
1. understands and applies the principles of confidentiality in relationships with clients and students including applicable components of HIPAA		
2. understands the process of shared decision making with clients throughout pregnancy and birth		
K. Understands and applies the following skills related to Professional Issues, Knowledge, and Skills:		
1. prepares the mother for the possibility of less than optimum pregnancy outcomes		
2. is responsible and accountable for clinical decisions and actions		
3. acts consistently in accordance with standards of practice		
4. maintains/updates knowledge and skills		
5. behaves in a courteous, non-judgemental, non-discriminatory, and culturally appropriate manner with all clients		
6. is respectful of individuals and of their cultural and customs		
7. shares and explains protocols of practice, including regulatory requirements, and client's right to refuse testing or intervention		
8. uses appropriate communication and listening skills with clients and support team		
9. accurately and completely records all relevant information in the client's chart, and explains results to client		
10. is able to comply with all local requirements for reporting births and deaths		
II. General Healthcare Skills		
A. Demonstrates the application of Universal Precautions as they relate to midwifery:		
1. handwashing		
2. gloving and ungloving		
3. sterile technique		

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
B. Educates on the benefits and contraindications of alternative healthcare practices (non-allopathic treatments) and modalities, including herbs, hydrotherapy, waterbirth, chiropractic, homeopathic, and acupuncture		
C. Understands the benefits and risks, and recommends the appropriate use of vitamin and mineral supplements, including prenatal multi-vitamins, Vitamin C, Vitamin E, Folic acid, B-complex, B-6, B-12, iron, calcium, magnesium, probiotics, and Vitamin D		
D. Demonstrates knowledge of the benefits and risks and appropriate administration of the following pharmacological (prescriptive) agents:		
1. local anesthetic for suturing		*
2. medical oxygen		*
3. Methergine ® (methylergonovine maleate)		*
4. prescriptive ophthalmic ointment		*
5. Pitocin ® for postpartum hemorrhage		*
6. RhoGam ®		*
7. Vitamin K (oral or IM)		*
8. antibiotics for Group B Strep		*
9. IV fluids		*
10. Cytotec ® (misoprostol)		*
11. epinephrine		*
E. Demonstrates knowledge of benefits/risks of ultrasounds for indications such as pregnancy dating, anatomy scan, AFL, fetal well-being and growth, position, placental position, and determination of multiples		
F. Demonstrates knowledge of benefits/risks of biophysical profile, including counseling and referrals		
G. Demonstrates knowledge of how and when to use instruments and equipment, including:		
1. amnihook		*

*Skill may be assessed by a NARM Registered Preceptor during the course of midwifery care or demonstrated along with a detailed explanation to show competent preparation and understanding of the skill.

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
2. bag and mask resuscitator		*
3. bulb syringe		
4. Delee ® tube-mouth suction device		*
5. hemostats		
6. lancets		*
7. nitrazine paper		*
8. scissors (all kinds)		
9. suturing equipment		*
10. straight, in and out catheter		*
11. vacutainer /blood collection tube		*
12. gestational wheel or calendar		
13. newborn and adult scale		
14. thermometer		
15. urinalysis strips		
16. cord clamps		
17. doppler		
18. fetoscope		
19. stethoscope		
20. vaginal speculum		
21. blood pressure cuff		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
22. oxygen tank, flow meter, cannula, and face mask		*
23. pulse oximeter		
24. laryngeal mask airway (LMA)		*
H. Proper use of injection equipment including syringe, single and multi dose vial/ampules, and sharps container		*
I. Obtains or refers for urine culture		*
J. Obtains or refers for vaginal culture		*
K. Obtains or refers for blood screening tests		*
L. Evaluates laboratory and medical records, with appropriate education and counseling of client, including:		
1. hematocrit/hemoglobin		
2. blood sugar (glucose)		
3. HIV		
4. Hepatitis B		
5. Hepatitis C		
6. Rubella		
7. Syphilis (VDRL or RPR)		
8. Group B Strep		
9. Gonorrhea culture		
10. Complete Blood Count		
11. Blood type and Rh factor		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
12. Rh antibodies		
13. Chlamydia		
14. PAP test		
15. Vitamin D		
16. thyroid panel		
17. HbA1c		
18. genetic screening		
19. blood albumin		
20. complete metabolic panel		
21. progesterone		
22. HCG		
III. Maternal Health Assessment		
A. Obtains and maintains records of health, reproductive and family medical history and possible implications to current pregnancy, including:		
1. personal information/demographics including religion, occupation, education, marital status, and economic status		
2. increased risk for less-than-optimal outcomes due to allostatic stress from racism and resource scarcity		
3. changes in health or behavior, and woman's evaluation of her health and nutrition		
4. potential exposure to environmental toxins		
5. medical conditions		
6. surgical history		

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
7. reproductive history, including:		
a. menstrual history		
b. gynecologic history		
c. sexual history		
d. childbearing history		
e. contraceptive practice		
f. history of sexually transmitted infections		
g. history of behavioral risk factors for sexually transmitted infection		
h. history of risk of exposure to blood borne pathogens		
i. Rh type and plan of care if negative		
8. family medical history		
9. psychosocial history		
10. history of abuse		
11. mental health		
12. Mother's medical history		
a. genetics		
b. alcohol use		
c. drug use		
d. tobacco use		
e. allergies (environmental & medical)		
f. history of vasovagal response or fainting		

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
g. foreign travel history		
h. vaccination history/status		
13. Father's medical history		
a. genetics		
b. alcohol use		
c. drug use		
d. tobacco use		
B. Performs a physical examination, including assessment of:		
1. size of uterus and ovaries by bimanual exam		
2. general appearance/skin condition		
3. baseline weight and height		
4. vital signs		
5. HEENT (Head, Eyes, Ears, Nose, and Throat) including thyroid by palpation		
6. lymph glands of neck, chest, and under arms		
7. breasts, including mother's knowledge of self breast exam techniques		
8. torso, extremities for bruising, abrasions, moles, unusual growths		
9. baseline reflexes		
10. heart and lungs		
11. abdomen by palpation and observation for scars		
12. kidney pain (CVAT)		
13. deep tendon reflexes of the knee		

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
14. condition of the vulva, vagina, cervix, perineum, and anus		
15. cervix by speculum exam		
16. vascular system (edema, varicosities, thrombophlebitis)		
IV. Prenatal Care		
A. Provides appropriate prenatal care and educates the family of significance		
B. Understands and educates about the anatomy and physiology of pregnancy and birth		
C. Understands normal and abnormal changes during pregnancy		
D. Assesses results of routine prenatal exams including ongoing assessment of:		
1. maternal psycho-social, emotional health and well being; signs of abuse		
2. vaginal discharge; including signs and symptoms of infection		
3. social support system		
4. maternal health by tracking variations and changes in:		
a. blood pressure		
b. weight		
c. color of mucus membranes		
d. general reflexes		
e. elimination/urination patterns		
f. sleep patterns		
g. energy levels		
h. nutritional patterns, pica		
i. hemoglobin/hematocrit		

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
j. glucose levels		
k. breast conditions/implications for breastfeeding		
5. Assesses urine for:		
a. appearance: color, density, odor, clarity		
b. protein		
c. glucose		
d. ketones		
e. pH		
f. leukocytes		
g. nitrites		
h. blood		
i. specific gravity		
6. Estimates due date based on standard methods		
7. Assesses fetal growth and wellbeing		
a. fetal heart rate/tones auscultated with fetoscope or Doppler		
b. correlation of weeks gestation to fundal height		
c. fetal activity and responsiveness to stimulation		
8. Fetal palpation for:		
a. fetal weight		
b. fetal size		
c. fetal lie		

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
d. degree of fetal head flexion		
9. Clonus		
10. Vital signs		
11. Respiratory assessment		
12. Edema		
13. Provides prenatal education, counseling, and recommendations for:		
a. nutritional and non-allopathic dietary supplement support		
b. normal body changes in pregnancy		
c. exercise and movement		
d. weight gain in pregnancy		
e. common complaints of pregnancy:		
(1) sleep difficulties		
(2) nausea/vomiting		
(3) fatigue		
(4) inflammation of sciatic nerve		
(5) breast tenderness		
(6) skin itchiness		
(7) vaginal yeast infection		
(8) bacterial vaginosis		
(9) symptoms of anemia		
(10) indigestion/heartburn		

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
(11) constipation		
(12) hemorrhoids		
(13) carpal tunnel syndrome		
(14) round ligament pain		
(15) headache		
(16) leg cramps		
(17) backache		
(18) varicose veins		
(19) sexual changes		
(20) emotional changes		
(21) fluid retention/swelling, edema		
E. Recognizes and responds to potential prenatal complications/variations by identifying, assessing, recommending treatment, or referring for:		
1. antepartum bleeding (first, second, or third trimester)		*
2. pregnancy inducted hypertension		*
3. pre-eclampsia		*
4. gestational diabetes		*
5. urinary tract infection		*
6. fetus small for gestational age		*
7. fetus large for gestational age		*
8. intrauterine growth retardation		*

*Skill may be assessed by a NARM Registered Preceptor during the course of midwifery care or demonstrated along with a detailed explanation to show competent preparation and understanding of the skill.

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
9. thrombophlebitis		*
10. oligohydramnios		*
11. polyhydramnios		*
12. breech presentation:		
a. identifying breech presentation		*
b. turning breech presentation with:		
(1) alternative positions (tilt board, exercises, etc.)		*
(2) referral for external version		*
(3) non-allopathic methods (moxibustion, homeopathic)		*
c. management strategies for unexpected breech delivery		*
13. multiple gestation:		
a. identifying multiple gestation		*
b. management strategies for unexpected multiple births		*
14. Occupit posterior position:		
a. identification		
b. prevention		
c. techniques to encourage rotation		
15. vaginal birth after cesarean (VBAC)		
a. identifies VBAC by history and physical		*
b. indications/contraindications for out-of-hospital births		*
c. management strategies for VBAC		*

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
d. identifies risk factors for uterine rupture:		
(1) type of uterine suturing		*
(2) uterine incision (classical or transverse)		*
(3) uterine scar thickness		*
(4) interdelivery interval		*
(5) number of previous cesareans		*
(6) previous vaginal births		*
(7) implantation site of placenta		*
16. recognizes signs, symptoms of uterine rupture and knows emergency treatment		*
17. preventing pre-term birth:		
a. risk assessment for pre-term birth		*
(1) smoking		*
(2) vaginal or urinary tract infections		*
(3) periodontal health		*
(4) prior pre-term birth		*
(5) other factors: stress, emotional health		*
b. educates and counsels mothers who request early induction of labor		*
c. educates for signs of pre-term labor		*
18. identifies and deals with pre-term labor with:		
a. referral		*
b. consults for pre-term labor		*

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
c. treats pre-term labor with standard measures		*
19. assesses and evaluates a post-date pregnancy by monitoring/assessing:		
a. fetal movement, growth, and heart tone variability		
b. estimated due date calculations		
c. previous birth patterns		
d. amniotic fluid volume		
e. maternal tracking of fetal movement		
f. consults or refers for:		
(1) ultrasound		
(2) non-stress test		
(3) biophysical profile		
20. standard measures for treating a post-date pregnancy		
21. Cholestasis		*
22. conditions from previous pregnancies such as diastasis, prolapse, cyctocele, rectocele		*
23. identifies and refers for:		
a. tubal, molar, or ectopic pregnancy		*
b. placental abruption		*
c. placenta previa		*
24. identifies premature rupture of membranes		
25. manages premature rupture of membranes in a FULL-TERM pregnancy:		
a. monitors fetal heart tones and movement		

*Skill may be assessed by a NARM Registered Preceptor during the course of midwifery care or demonstrated along with a detailed explanation to show competent preparation and understanding of the skill.

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
b. minimizes internal vaginal examinations		
c. reinforces appropriate hygiene techniques		
d. monitors vital signs for infection		
e. encourages increased fluid intake		
f. supports nutritional/non-allopathic treatment		
g. stimulates labor		
h. consults for prolonged rupture of membranes		
i. reviews Group B Strep status and inform of options		
26. consults and refers for premature rupture of membranes in a PRE-TERM pregnancy		*
27. establishes and follows emergency contingency plans for mother/baby		
28. educates on options for hospital transport, including augmentation and pharmacological pain relief		
29. cesarean birth:		
a. knows local options for cesarean birth		
b. educates on procedures for cesarean birth		
c. provides support before, during (as permitted), and after the cesarean process		
d. follows up for cesarean birth, including:		
(1) physical healing		
(2) emotional healing		
(3) breastfeeding and infant care after cesarean birth		

*Skill may be assessed by a NARM Registered Preceptor during the course of midwifery care or demonstrated along with a detailed explanation to show competent preparation and understanding of the skill.

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
V. Labor, Birth, and Immediate Postpartum		
A. Understands and supports the normal physiological process of labor and birth		
B. Understands the relationship of maternal and fetal anatomy in relation to labor and birth		
C. Facilitates maternal relaxation and provides comfort measures throughout labor:		
1. communicates in a calming voice, using kind and encouraging words		
2. applies knowledge of emotional and psychological aspects of labor to provide support		
3. applies knowledge of physical support in labor (counter pressure, position changes, massage, water, etc.)		
4. waterbirth		
a. educates on benefits and risks of waterbirth		
b. equips the birth site for a waterbirth		
c. discusses specific management of complications during waterbirth		
D. Recognizes and counsels on signs of early labor and appropriate activities		
E. Assesses maternal and infant status based on:		
1. vital signs		
2. food and fluid intake		
3. status of membranes		
4. uterine contractions (frequency, duration, intensity)		
5. fetal heart tones		
6. fetal lie, presentation, position, and descent		
7. cervical effacement and dilation		
F. Assesses and supports normal progress of labor		

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
G. Recognizes and responds appropriately to conditions that slow or stall labor, such as:		
1. anterior/swollen lip		*
2. posterior or asynclitic fetal position		
3. pendulous belly inhibiting descent		
4. maternal exhaustion		
5. maternal fears, emotions		
6. abnormal labor patterns		
7. deep transverse arrest		
8. obstructed labor		
9. advises on non-allopatic remedies (nipple stimulation, herbs, positions, movement, etc.)		
H. Recognizes, prevents or treats maternal dehydration		
I. Recognizes and responds to labor and birth complications such as:		
1. abnormal fetal heart tones and patterns		
2. cord prolapse		*
3. recognizes and responds to variations in presentations, such as:		
a. breech		
(1) understands mechanism of descent and rotation for complete, frank, or footling breech presentation		*
(2) techniques for release of nuchal arms with breech		*
b. nuchal hand/arm		
(1) applies counter pressure to hand or arm and perineum		*

*Skill may be assessed by a NARM Registered Preceptor during the course of midwifery care or demonstrated along with a detailed explanation to show competent preparation and understanding of the skill.

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
(2) sweeps arm out		*
c. nuchal cord		
(1) loops finger under cord, sliding over heard or shoulder		*
(2) clamps and cuts cord		*
(3) presses baby's head into perineum and somersaults the baby out		*
(4) prepares for possible resuscitation		*
d. face and brow		
(1) mechanism of delivery for face or brow presentation		*
(2) determines position of chin		*
(3) management strategies for face or brow presentation		* *
(4) prepares for resuscitation or treatment of bruising/swelling/ eye injury		
4. multiple birth and delivery		
a. identifies multiple gestation		*
b. consults or transports according to plan		*
c. prepares for attention to more than one		*
5. shoulder dystocia		
a. applies gentle traction while encouraging pushing		*
b. repositions the mother to:		
(1) hands and knees (Gaskin maneuver)		*
(2) exaggerated lithotomy (McRobert's position)		*

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
(3) end of bed		*
(4) squat		*
c. repositions shoulders to oblique diameter		*
d. shifts pelvic angle with lunge or runner's pose		*
e. extracts posterior arm		*
f. flexes shoulders of newborn, then corkscrews		*
g. applies supra-pubic pressure		*
h. sweeps arm across newborn's face		*
i. fractures baby's clavicle		*
6. indications for performing an episiotomy		*
7. management of meconium stained fluids		
a. recognizes and assesses degree of meconium		
b. follows standard resuscitation procedures for meconium		
8. management of maternal exhaustion:		
a. hydration and nutrition		
b. rest/bath/removal of distractions		
c. monitors maternal and fetal vital signs, including urine ketones		
d. evaluates for consultation or referral		
9. recognizes/consults/transports for signs of:		
a. uterine rupture		*
b. uterine inversion		*

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
c. amniotic fluid embolism		*
d. stillbirth		*
J. Evaluates and supports during second stage:		
1. recognizes and assesses progress in second stage		
2. supports maternal instincts in pushing techniques and positions		
3. recommends/suggests pushing techniques and positions when needed		
4. monitors vital signs; understands normal and abnormal changes		
5. facilitates supportive environment and family involvement		
6. prepares necessary equipment for immediate access		
7. uses appropriate hand techniques for perineal support and birth of baby		
K. Assesses condition and provides immediate care of newborn		
1. understands, recognizes, and supports normal newborn adjustment at birth		
a. keeps mother and baby warm and together for initial assessment		
b. determines APGAR score at one minute, five minutes, and, if needed, at ten minutes		
c. monitors respiratory and cardiac function by assessing:		
(1) symmetry of chest		
(2) sound and rate of heart tones and respirations		
(3) nasal flaring		
(4) grunting		
(5) chest retractions		
(6) circumoral cyanosis		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
(7) central cyanosis		
d. stimulates newborn respiration according to AAP/NRP recommendations		
e. encourages parental touch and speech while keeping baby warm		
2. responds to need for newborn resuscitation according to AAP/NRP recommendations		
3. recognizes and consults or transports for apparent birth defects		*
4. recognizes signs and symptoms of Meconium Aspiration Syndrome and consults or transports		
5. provides appropriate care of the umbilical cord:		
a. clamps and cuts cord after pulsing stops		
b. evaluates the cord, including number of vessels		
c. collects cord blood sample if needed		
6. assesses gestational age		
7. assesses for central nervous system disorder		
L. Recognizes and responds to normal third stage, including physiological and active management strategies		
1. determines signs of placental separation such as:		
a. separation gush		
b. contractions		
c. lengthening of cord		
d. urge to push		
e. rise in fundus		
2. facilitates delivery of the placenta by:		
a. breast feeding/nipple stimulation		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
b. changing maternal position		
c. performing guarded cord traction		
d. emptying the bladder		
e. administering non-allopathic treatments		
f. encouraging maternal awareness		
g. manual removal		*
h. transport for removal		*
M. Assesses condition of placenta and membranes, recognizes normal and abnormal characteristics		
N. Estimates and monitors ongoing blood loss		
1. responds to a trickle bleed by:		
a. assesses origin		
b. assesses fundal height and uterine size		
c. fundal massage		
d. assesses vital signs		
e. emptying bladder		
f. breastfeeding or nipple stimulation		
g. expressing clots		
h. non-allopathic treatments		
O. Responds to postpartum hemorrhage with:		
1. fundal massage		
2. external bimanual compression		*

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
3. internal bimanual compression		*
4. manual removal of clots		*
5. administering medications		*
6. non-allopathic treatments		*
7. increasing maternal focus and participation		*
8. administering or referin for IV fluids		*
9. consulting and/or transfer; activating emergency back up plan		*
10. treating for hypovolemic shock according to standard recommendations or protocols		*
11. performing external aortic compression		*
P. Assesses general condition of mother		
1. assesses for bladder distension		
a. encourages urination		
b. performs catheterization if needed		*
2. assesses condition of vagina, cervix, and perineum for:		
a. cystocele		
b. rectocele		
c. hematoma		
d. hemorrhoids		
e. bruising		
f. prolapsed cervix or uterus		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
g. tears, lacerations:		
(1) assesses blood color and volume; identify source		
(2) applies direct pressure on tear		*
(3) clamps vessel; if identified		*
(4) sutures 1st or 2nd degree or labial tears		*
(5) administers local anesthetic		*
(6) performs suturing according to standard procedures and protocols		*
(7) provides alternative repair methods (non-suturing)		*
3. provides instructions on care and treatment of perineum		
4. monitors maternal vital signs after birth		
5. provides timely food and drink		
Q. Facilitates breastfeeding by assisting and teaching about:		
1. colostrum		
2. positions for mother and baby		
3. skin to skin contact		
4. latching on		
5. maternal hydration and nutrition		
6. maternal rest		
7. feeding patterns		
8. maternal comfort measures for engorgement		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
9. letdown reflex		
10. milk expression		
11. normal newborn urine and stool output		
R. Performs a newborn exam by assessing for normal and abnormal		
1. assesses the head for:		
a. size/circumference		
b. molding		
c. hematoma		
d. caput		
e. suture lines		
f. fontanels		
2. assesses the eyes for:		
a. jaundice		
b. pupil condition		
c. tracking		
d. spacing		
e. clarity		
f. hemorrhage		
g. discharge		
h. red eye reflex		
3. assesses the ears for:		
a. positioning		

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
b. response to sound		
c. patency		
d. cartilage		
4. assesses the mouth for:		
a. appearance and feel of palate		
b. lip and mouth color		
c. tongue		
d. lip cleft		
e. signs of dehydration		
f. tongue and lip tie		
5. assesses the nose for:		
a. patency		
b. flaring nostrils		
6. assesses the neck for:		
a. enlarged glands, thyroid, and lymph		
b. trachea placement		
c. soft tissue swelling		
d. unusual range of motion		
7. assesses the clavicle for:		
a. integrity		
b. symmetry		
8. assesses the chest for:		
a. symmetry		

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
b. nipples		
c. breast enlargement or discharge		
d. measurement (chest circumference)		
e. heart sounds (rate and irregularities)		
9. auscultates the lungs, front and back, for:		
a. breath sounds		
b. equal bilateral expansion		
10. assesses the abdomen for:		
a. enlarged organs		
b. masses		
c. hernias		
d. bowel sounds		
e. rigidity		
11. assesses the groin for:		
a. femoral pulses		
b. swollen glands		
12. assesses the genitalia for:		
a. appearance		
b. position of urethral opening		
c. testicles for:		
(1) descent		
(2) rugae		

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
(3) herniation		
d. assesses the labia for:		
(1) patency		
(2) maturity of clitoris and labia		
e. assesses the rectum for:		
(1) patency		
(2) meconium		
13. assesses abduct hips for dislocation		
14. assesses the legs for:		
a. symmetry of creases in the back of legs		
b. equal length		
c. foot/ankle abnormality		
15. assesses the feet for:		
a. abnormalities		
b. digits: number, webbing		
c. creases		
16. assesses the arms for symmetry in:		
a. structure		
b. movement		
17. assesses the hands for:		
a. digits: number, webbing		
b. finger taper		
c. palm creases		

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
d. length of nails		
18. assesses the backside of the baby for:		
a. symmetry of hips, range of motion		
b. condition of the spine:		
(1) dimpling		
(2) holes		
(3) straightness		
19. assesses flexion of extremities and muscle tone		
20. assesses reflexes:		
a. sucking		
b. moro		
c. babinski		
d. plantar/palmar		
e. stepping		
f. grasping		
g. rooting		
h. blinking		
21. assesses skin condition for:		
a. color		
b. lesions		
c. birthmarks		
d. milia		

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
e. vernix		
f. lanugo		
g. peeling		
h. rashes		
i. bruising		
j. Mongolian spots		
22. assesses length of baby		
23. assesses weight of baby		
24. assesses temperature of the baby		
S. Assesses gestational age of the baby		
T. Administers eye prophylaxis with informed consent of parents		*
U. Administers Vitamin K with informed consent of parents		*
V. Reviews Group B Strep status and signs or symptoms and plans for follow-up		
VI. Postpartum		
A. Assesses and evaluates physical and emotional changes following childbirth, including normal process of involution		
B. Assesses and evaluates normal or abnormal conditions of mother or baby at:		
1. day one to day two		
2. day three to day four		
3. one to two weeks		
4. three to four weeks		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
5. five to six weeks		
C. Assesses and provides counseling and education for:		
1. postpartum subjective history		
2. lochia vs. abnormal bleeding		
3. return of menses		
4. vital signs, digestion, elimination patterns		
5. muscle prolapse of vagina and rectum (cystocele, rectocele)		
6. condition and strength of pelvic floor		
7. condition of uterus (size and involution) ovaries, and cervix		
8. condition of vulva, vagina, perineum, and anus		
9. facilitates psycho-social adjustment:		
a. recognizes and responds to mild postpartum depression		
b. counsels for appropriate support from family and friends		
c. increases home or phone visits as needed		
d. recognizes and responds to increased severity of postpartum depression or psychosis		
e. counsels client and family on resources for depression; increases follow-up		
D. Knows signs and symptoms, differential diagnosis, and appropriate midwifery management or referral for:		
1. uterine infection		*
2. urinary tract infection		*
3. infection of vaginal tear or incision		*

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
4. postpartum bleeding/hemorrhage		*
5. thrombophlebitis		*
6. separation of abdominal muscles		*
7. separation of symphasis pubis		*
8. postpartum pre-eclampsia		*
E. Evaluates and counsels for newborn jaundice		
1. refers or consults for jaundice in the first 24 hours after birth		
2. evaluates, counsels, and monitors for physiological jaundice after 24 hours		
3. encourages mother to breastfeed every two hours		
4. exposes front and back of newborn to sunlight through window glass		
5. assesses and monitors newborn lethargy and hydration		
6. consults or refers for increased symptoms		
F. Provides direction for care of circumcised penis		
G. Provides direction for care of intact (uncircumcised) penis		
H. Breastfeeding care and counseling:		
1. educates regarding adverse factors affecting breastfeeding or breastmilk		
a. environmental		
b. biological		
c. occupational		
d. pharmacological		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
2. evaluates baby's sucking method, position of lips and tongue		
3. evaluates conditions of breasts and nipples		
4. treats sore nipples:		
a. exposure to air		
b. alternates nursing positions		
c. applying topical agents		
d. applying expressed breastmilk		
e. flange of lips		
f. latch on		
g. tongue tie		
h. sucking		
i. swallowing		
5. treats thrush on nipples:		
a. dries nipples after nursing		*
b. non-allopathic remedies		*
c. allopathic treatments		*
6. treats mastitis by:		
a. provides immune support including:		
(1) nutrition/hydration		
(2) non-allopathic remedies		
b. encourages multiple nursing positions		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
c. applies herbal/non-allopathic compresses		
d. applies warmth, soaking in tub or by shower		
e. encourages adequate rest/relaxation		
f. assesses for signs and symptoms of infection		
g. teaches mother to empty breasts at each feeding		
h. provides or teaches gentle massage of sore spots		
i. consults or refers to breastfeeding support groups, lactation counselor, or other healthcare providers		
l. Provides contraceptive and family planning education, counseling, and referrals		
J. Provides opportunity for verbal and written feedback from client		
VII. Well-Baby Care		
A. Provides newborn care up to six weeks		
B. Principles of newborn adaptation to extrauterine life (physiologic changes in pulmonary and cardiac systems)		
1. Basic needs of newborn (breathing, warmth, nutrition, and bonding)		
2. Normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc.		
3. Normal growth and development of the newborn and infant		
C. Assesses the current health and appearance of baby including:		
1. temperature		
2. heart rate, rhythm, and regularity		
3. respirations		
4. appropriate weight gain		

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
5. length		
6. measurement of circumference of head		
7. neuro-muscular response		
8. level of alertness		
9. wake/sleep cycles		
10. feeding patterns		
11. urination and stool for frequency, quantity, and color		
12. appearance of skin		
13. jaundice		
14. condition of cord		
D. Understands, respects, and counsels on traditional or cultural practices related to the newborn		
E. Advises mother in care of:		
1. diaper rash		
2. cradle cap		
3. heat rash		
4. colic		
5. cord care		
F. Recognizes signs/symptoms and differential diagnosis of:		
1. infections		*
2. cardio-respiratory abnormalities		*

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
3. glucose disorders		*
4. birth defects		*
5. failure to thrive		*
6. newborn hemorrhagic disease (early and late onset)		*
7. polycythemia		*
8. non-accidental injuries		*
9. dehydration		*
G. Evaluates, counsels, and monitors for physiological jaundice after 24 hours		
1. encourages mother to breastfeed every two hours		
2. exposes front and back of newborn to sunlight through window glass		
3. assesses and monitors newborn lethargy and hydration		
4. consults or refers for additional screening and/or treatment		
H. Provides information for referral for continued well-baby care		
1. performs or refers for newborn metabolic screening		*
2. performs or refers for hearing screening		*
3. performs or refers for pulse oximetry newborn screening for congenital heart disease (CCHD)		*
4. educates about referral for integrative/complimentary/alternative practitioners		
5. educates about options for pediatrician or family practitioner		
6. educates about health care providers for immunizations or non-immunizations		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
I. Supports and educates parents during grieving process for loss of pregnancy, stillbirth, congenital birth defects, or neonatal death		*
J. Supports and educates parents of newborns transferred to hospital or with special needs		*
K. Supports integration of baby into family		

I, _____, whose name appears on each of the pages herein, hereby do affirm that all of the information on these pages is true and correct to the best of my ability: and by signing before the Notary I am affirming that I can provide information or witnesses to attest to my having acquired the above skills in the above way(s).

Applicant's Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day, of the month of _____ in the year _____.

Notary Seal

_____

(Notary Signature)

My Commission Expires: _____

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Strategies for Boards to Get the Most Out of the AO 360 Regulatory Review Process

DCCED Boards and Regulations Resources
October 2025

Sara Chambers
Boards and Regulations Advisor
Agency Regulatory Liaison

Introduction

Administrative Order 360 was issued by Governor Dunleavy on August 4, 2025, with the purpose of improving the quality, transparency, and efficiency of the State's regulatory environment by:

- Promoting growth and investment in Alaska by reducing administrative and economic burdens associated with regulatory compliance, including removing barriers, finding solutions, and identifying alternative pathways.
- Streamlining permitting processes and improving coordination and efficiency within all permitting departments.
- Ensuring boards and commissions adjust regulatory structures as necessary to maintain critical consumer protection while eliminating unnecessary barriers to entry for new professionals.
- Engaging stakeholders early and continuously in the regulatory development and reform process.
- Ensuring all regulations are clearly written, legally sound, and supported by a demonstrated need.
- Regularly evaluating existing regulations for effectiveness, redundancy, clarity, and impact.
- Reducing the regulatory burden on all Alaskans.

As a board with regulatory authority, under the AO you are required to engage in a process that includes the steps below to produce the following deliverables:

- By December 29 (LBC, AIDEA, AEA, AOGCC, RCA)/February 13 (CBPL and AMCO): Produce a *Regulatory Reform Plan* to reduce your regulatory requirements by 15% by December 31, 2026, and 25% by December 31, 2027 (cumulative), in accordance with the *Regulatory Reduction Guide.* At a minimum, each proposed plan for regulatory reform must:
    - List each specific regulation identified for reform;
    - Include a decisional document identifying recommendations received, how they were considered for inclusion in the *Plan,* and (if appropriate) reasons for rejection;
    - Propose how the agency will organize the regulations identified for reform into discrete projects for submittal to the Department of Law for preliminary review;
    - Identify whether agency staff will be drafting the revised regulations or whether the agency is requesting drafting assistance from the Department of Law; and
    - Provide a timeline for submitting the draft revised regulations to the Department of Law for preliminary review.

  The plan may also include proposed reductions in guidance documents as a means to meet the reduction percentages.
- Propose regulation changes per the Administrative Procedures Act to meet adoption timelines in the board's approved *Regulatory Reform Plan.*
- By September 4, 2026, and periodically prior to publication: Submit updates to guidance documents for Department of Law review per the process outlined in the *Regulatory Reduction Guide*.
- By September 18, 2026: Submit to the Agency Regulatory Liaison their projected regulatory plan that lists all anticipated rulemaking actions for the subsequent state fiscal year

As volunteer boards with many existing time-sensitive responsibilities, this task may seem daunting. However, it is truly an opportunity. This guide will assist you in strategizing -- not only to attain compliance but to produce excellence.

Engage the public, staff, and stakeholders
Cast a wide net for input. Stakeholders will have different perspectives, so invite the spectrum of those who interact with your regulations. These may be people or entities who are regulated, those who receive services, partner agencies or organizations…even those who have been critical of the board in the past. Ask staff for their suggestions; they are the front line in answering calls, processing applications, or investigating complaints.

Ensure your board understands the mission and has the materials to be successful
If you haven't already done so, schedule a 30-minute introduction on AO 360 at your upcoming meeting, or schedule a special meeting to hear this information and strategize how you will wrap your arms around this initiative. The division director, lead staff, or I are happy to walk through our presentation about the goals and timeline and answer questions.

Staff will provide the following information, which you will need to perform your work well and to comply with the governor's deliverables and deadlines:

- *A decisional document listing any public comments received during the listening sessions or via email/mail.* This document will include space for your board to consider how to respond and to codify your response, which is required.
- *List of regulations and number of discretionary requirements in each section.*
  You are required to present an overview of how you plan to change the regulation and to list the number and percentage of reductions expected from this change. You'll also need to indicate whether you expect to need attorney help in drafting, how you plan to package your regulations into manageable projects, as well as your timeline for completion.
- *List of guidance documents and their length.*
  You are not required to include reductions in guidance documents as part of your 15% or 25% reductions but streamlining regulations should naturally produce streamlined guidance. Adopting clear and concise regulations reduces the need to explain them. You can use these reductions in guidance documents to help meet these reduction goals.
- *Suggestions for regulatory or guidance document improvements from their perspective.*
  Staff should include their ideas for changes, especially to administrative burdens that hold back effective outcomes, outdated or unnecessary requirements, errors, and stumbling blocks that generate confusion.
- *A correct and current copy of your statutes, other agency statutes, regulations, and relevant federal codes that impact your program.*
  The assignment includes reviewing all regulations, not just responding to public comments. Having these materials at your fingertips can ease the hunt for applicable information, especially when double-checking what regulations may be discretionary.
- *The Regulatory Reduction Guide issued by the Department of Law*, as well as any additional relevant guidance from the Agency Regulatory Liaison.

Organize according to your board's strengths
Board chairs should think about the strengths, skill sets, and makeup of their team, then suggest an efficient pathway to tackling the regulatory review process. Some ideas:

- *Schedule additional meetings so the entire board engages in the work.* This is most effective with smaller boards when committees might not make sense.
- *Divide and conquer:*
  - *Assign each member a section to analyze and report back to the board.*
    This can be successful if the section is linked to type of license or expertise held by the board member. For example, someone holding the engineer or physician seat could review the technical sections that might not be within the knowledge base of a public member. The public member could review the sections relating to investigations or administration, which may relate best to the consumer experience and not require technical expertise.
  - *Form a committee of board members to review the regulations and report back to the board.*

This may be best suited to members who are critical readers and excel at documentation, policies, procedures, etc. They can dig deep and may even enjoy the process. Other members of the board could independently review public-facing guidance documents or pick up work outside of AO 360 to help lighten the load for those serving on the committee.

- *Form a work group of board members and key public persons, such as industry or representatives of certain constituencies.*
  The board should identify these members in the motion when they vote to create the work group. While the public should be invited to offer input, not every person who calls in may merit a seat at the table. The work group ensures varied perspectives are presented and heard.

As a reminder, meetings of committees and workgroups must be publicly noticed. To ensure transparency and complete engagement and awareness by all members, your *Regulatory Reform Plan* should be approved by a roll call vote on the record of a public meeting.

Review all regulations with a fresh lens

The initiative provides boards with an opportunity to review all of their regulations afresh; given the myriad complex priorities of a regulatory board, a comprehensive regs review may not be part of an established rhythm. To maximize the value of the project, ensure that members approach it with the goals of AO 360 in mind: Seeking to reduce regulatory burdens, streamline and modernize requirements, and eliminate unnecessary barriers to entry.

Keep in mind that this does not include jeopardizing the safety of the public. However, it does create accountability among boards for using their highest faculties in determining whether existing standards and processes are appropriate. Strategies boards might use to approach this project include:

- Using a framework or system to adhere to the principles of "right-touch regulation." (If you are unsure what this term means or do not currently use a decisionmaking framework, please contact your Boards and Regulations Advisor.)
- Avoiding the trap of "this is how we have always done it." Is it necessary? Does it prevent a likely harm? If so, is it reasonable? If not, why require it?
- Ensuring you don't have requirements that are not actionable, e.g., don't request criminal background information if you may not take action based on that information.
- Maintaining arbitrary standards and timeframes that are not based on research, proven national standards, or other objective criteria.
- Thinking that a "may" in statute means a "shall": Just because you have the authority to adopt a regulation doesn't mean you have to.
- Digging into changes you have always wanted to make—or addressing changes that stakeholders have requested—but the board hasn't had time to address.
- Updating to modern standards—don't miss references to fax machines, unnecessarily notarizing documents, defunct organizations, etc.
- Looking for alternative pathways to accomplish similar goals, including attestations instead of submitting documents where that makes sense, identifying steps that can be eliminated because another agency has already checked the information, etc.

Prepare to defend what can't change:

- Identify baseline public safety standards that can't be lowered and include a rationale for why they are important.
- Identify statutory or federal requirements that are inflexible. Per the *Drafting Manual for Administrative Regulations,* eliminate repetition of those requirements in regulation unless they provide clarity or are advised by your attorney.

Conclusion

This Administrative Order is ambitious, but it is reachable with organization and intention. Every member will need to set aside additional time to engage with the process. Communicate concerns with your lead staff, who can work with your Agency Regulatory Liaison to answer questions and find solutions.

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
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MEMORANDUM

TO: Members of Professional Licensing Boards DATE: October 7, 2025

FROM: Sylvan Robb, Director RE: Administrative Order 360

I am providing additional information to clarify the purpose and expectations of Administrative Order 360, which was issued by Governor Dunleavy on August 4, 2025, to improve the quality, transparency, and efficiency of the State's regulatory environment. The full language of AO 360 can be found at https://gov.alaska.gov/admin-orders/administrative-order-no-360/.

There are several goals associated with this Administrative Order, but I'd like to highlight #3: "Ensure boards and commissions adjust regulatory structures as necessary to maintain critical consumer protection while eliminating unnecessary barriers to entry for new professionals." This goal highlights that all state boards are critical components to accomplishing the purpose of this initiative.

The *division* is responsible for providing key deliverables throughout this project:

1. **Hold stakeholder meetings:** These meetings invite members of the public to provide suggestions on regulations that they feel can be removed or improved. The division has scheduled stakeholder meetings with corresponding windows for receiving written comments. Input from stakeholders is vitally important in the development of the boards' regulatory reform plans this winter.

   These meetings are different than oral testimony on proposed regulations, so boards themselves are not holding these meetings. However, members are welcome to attend and listen.

   We have organized the meetings as follows:

   - Health care professions: Thursday, October 9th, 9:00 - 11:00 a.m.; Monday, October 27th, 6:00 - 8:00 p.m., Wednesday, October 29th, 11:30 a.m. - 1:30 p.m.
   - Non-health care professions: Thursday, October 9th, 9:00 - 11:00 a.m.; Monday, October 27th, 6:00 - 8:00 p.m., Wednesday, October 29th, 11:30 a.m. - 1:30 p.m.

2. **Review guidance documents:** Documents—such as PDFs and web pages—providing guidance on regulatory requirements will be published in the Online Public Notice System (OPN) and moved forward for review by the Department of Law. Guidance documents are intended to *explain* requirements contained in statutes or regulations or to provide background information. This includes forms, checklists, applications, FAQs, board opinions, and other types of information relating to the public process. The legal review will ensure no existing or new documents contain guidance that should

actually be promulgated as a regulation. Once legal reviews are completed next spring, the division and its boards may need to address any changes.

3. **Establish a baseline of current regulatory requirements:** Using statewide guidance, staff are currently reviewing regulations and determining what constitutes a regulatory requirement using the guidance provided by the Department of Law. All requirements are counted and identified as "mandatory"— required by federal, statutory, or court-ordered mandates—or "discretionary"—those that the board has the ability to evaluate, interpret, and adopt. Discretionary requirements with room for improvement in quality, transparency, and efficiency will be identified by staff and moved forward for each board to consider including it its regulatory reform plan.

Individual professional licensing *boards* are responsible for implementing the deliverables of AO 360 now through 2027. Meeting these deadlines set by the Office of the Governor will require boards to either hold additional meetings or significantly expand their agendas:

1. **Review public and staff recommendations for regulatory reform (starting in November):** Individual boards will review the input received from the public and additional changes recommended by staff. This is the opportunity to jump start any pending board regulations changes or plans that have been put "on the back burner."

2. **Develop a regulatory reform plan (due in February):** Design and approve a plan to reduce specific regulatory requirements by 15% in calendar year 2026, culminating in a total reduction of 25% by the end of calendar year 2027. This plan must be completed and provided to me by February 13. I will submit it to the department to be included as part of the department's overall plan. After the Office of the Governor has reviewed and approved the proposed plan, it will be posted on OPN. At that point, any regulation change included in the board's plan has the green light to move forward through the usual regulations adoption process. (No additional waiver is required.)

To summarize, AO 360 requires the division to review regulations, count the number of requirements, determine which are discretionary, and make a recommendation to each board so it can approve a regulatory reform plan. It does not diminish the authority of the board to propose and adopt regulations concerning their industry. The Office of the Governor encourages each board and agency to focus on the end goals of regulatory transparency and efficiency rather than becoming overly concerned about the specific deliverables along the way. All departments of state government are encouraged to use this structured opportunity to work with their stakeholders and think deeply about ways to best serve the public through this initiative.

As required by the initiative, Sara Chambers has been designated by Commissioner Sande as our department's Agency Regulatory Liaison, providing training and guidance, as well as serving as the point of contact with the Office of the Governor and the Department of Law for all divisions and corporate agencies within the DCCED umbrella. She is assisting us in seeking modifications to the statewide schedule of deadlines, as long as we are making progress toward the Governor's goal.

Timelines and guidance are fast-moving and subject to change. The key deadlines the board should know are:

- **Informational sessions for board members to hear details and ask questions:**
    - Monday, October 13 at 12:00 p.m.
    - Meeting ID: 219 918 166 590
    - Passcode: Hm2TC2ad

    - Thursday, October 16 at 11:00 a.m.
    - Meeting ID: 248 100 560 125 1

    - Passcode: 3tf2oH7t

    - Monday, October 20 at 1:00 p.m.
    - Meeting ID: 289 987 973 913 6
    - Passcode: hh2pX6aD
- **Stakeholder meetings** are scheduled for the month of October—see above.
- **Your proposed regulatory reform plan** is due by February 13.

Your board liaison will work with your chair to schedule the meetings necessary for you to review public and staff recommendations, discuss merits and potential changes, and ultimately adopt your reform plan. If you have questions or concerns, please attend one of the informational sessions or reach out to me so I can provide you with timely responses.

Sincerely,

Sylvan Robb
Director